TO HOSPITE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. If the plant of may be retained by the hospital or attending physician.

Yet CONDEMAL DIRECTOR: After this certificate has been signed by the attending physician and complete the plant of the funeral of director, page 3 should be letached for use as the burial-transit permit. Then please remove carbon papers. Tages I and 2 chards be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after deaph.

	7901	CERTIFICATE	OF DEATH		07893
1. PLACE OF DEAT	Dorchester Dorchester	MARYLAND	2. USUAL RESIDENCE (Where	b. COUNTY	on: Residence before edmission)
write RURAL at	l (if outside corporate limits, nd give nearest town)	2 weeks	c. CITY OR TOWN (If outside c		L and give nearest town)
d, NAME OF HOS		ot in hospital, give street address)	d. STREET ADDRESS		*. IS RESIDENCE ON A FARM? YES \ NO \
3. NAME OF	First	Middle	Last 4. DAT	E Month	Day Year
(Type or print)	Alice	Parker	Adams OF DEA		
Female	Tills 4 4 m	MARRIED NEVER MARRIED DIVORCED DIVORCED	s. DATE OF BIRTH September 28,1874	9. AGE (In years IF UND last birthday) Month	
done during most of the months	ATION (Give kind of work working life, even if retired)	10b, KIND OF BUSINESS OR INDUS	Fishing Cree	-	U.S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Willia	m Parker		Sarah Meekin	15	
15. WAS DECEASED	EVER IN U.S. ARMED FORCE (If yes give war or detecofserv	S? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	W/W M
	IMMEDIATE CAUSE (a)	Commence	monfred	ney	1000 ays
Conditions, it a gave rise to imme (a), stating the cause last.	DUE TO  ny, which (b)	Coronary	Heart Dise	ney	2 yrs.
gave rise to imme (a), stating the cause last.	ny, which but to lead at the cause underlying but to lead to l	Commany ONS CONTRIBUTING TO DEATH BUT N	HOUX DISECTION OF THE TERMINAL DISEA	SE CONDITION GIVEN IN I	2 yrs,
gava rise to imme (a), stating the cause last.  PART II, OTHER CONTRIBUTION (IF EITHER, NOTIL)	DUE TO  ny, which adiate causa underlying  DUE TO  (c)  HER SIGNIFICANT CONDITION		HOLLY DESECTION OF THE TERMINAL DISEASED. (Enter nature of injury in Part I or Pa		PERFORMED?
gave rise to imme (a), stating the cause last.	DUE TO  ny, which adiate causa underlying  HER SIGNIFICANT CONDITION  WAS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMINER)  JURY Month, Day, Yeer	Ob. DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in Part I or Pa	nt II of item 18.)	PERFORMED?
gava rise to imme (a), stating the cause last.  PART II, OTHOR OF CONTRIBUTING (IF EITHER, NOTIL)  20c. TIME OF IN Hour a.m. p.m.  21.   certify	DUE TO  ny, which ediate causa underlying  HER SIGNIFICANT CONDITION  WAS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMINER)  JURY Month, Day, Yeer  19	20d. INJURY OCCURRED 20s. P While at work at work 1	ED. (Enter nature of injury in Part I or Pa LACE OF INJURY (Home, farm, 20f. (ctory, street, office bldg., etc.)	City or town)	PERFORMED? YES NO (State)  (County) (State)
gave rise to imme (a), stating the cause last.  PART II, OTHORY OF CONTRIBUTING OF CONTRIBUTIN	DUE TO  ny, which ediate cause underlying  HER SIGNIFICANT CONDITION  WAS UNDERLYING [1]  NG [1] CAUSE OF DEATH FY MEDICAL EXAMINER)  LURY Month, Day, Yeer  That (I) (this hospital cass)  That (I) (this hospital cass)	20d. INJURY OCCURRED 20e. P While Not While at work 10 attended the deceased from 1	ED. (Enter nature of injury in Part I or Part	City or town)	PERFORMED? YES NO (State)  (County) (State)
gave rise to imme (a), stating the cause last.  PART II, OTHORY OF CONTRIBUTING IFF EITHER, NOTIFY SAW the dece 22a, SIGNATURE  22c, PHYSICIAN NAME (Tys.)	DUE TO  ny, which ediate causa underlying  DUE TO  (c)  HER SIGNIFICANT CONDITION  WAS UNDERLYING [1]  NG [1] CAUSE OF DEATH FY MEDICAL EXAMINER)  ULLY Month, Day, Yeer  In. 19  That (I) (this hospital  pass d alive on	20d. INJURY OCCURRED 200. P While at work at work 10 attended the deceased from 1/1/6/19 and the argument of the arg	ACE OF INJURY (Home, farm, lectory, street, office bldg., etc.)  ATTENDING PHYS.  ATTENDING PHYS.  ATTENDING PHYS.  22d. ADDRESS 3 6 Rac	city or town)  to	PERFORMED? YES NO 1  (County) (State)  196.f., that (1) (we) last on the date stated above 22b. DATE 7/2 4/6
gave rise to imme (a), stating the cause last.  PART II, OTHORS OF CONTRIBUTING (IF EITHER, NOTIL)  20c. TIME OF IN Hour a.m. p.m.  21. I certify saw the dece 22a. SIGNATURI	DUE TO	20d. INJURY OCCURRED 200. P While Not While at work at work 1  attended the deceased from 1  August 19, and the 1  Ce Maryano 1  23c. NAMP OF CEMETER	ATTENDING PHYS.  ACE OF INJURY (Home, farm, 20f. (clory, street, office bldg., etc.)  ATTENDING PHYS.  ATTENDING DIRECTOR  22d. ADDRESS A RAC  OR CREMATORY 23d. LO	City or town)  to	PERFORMED? YES NO 1  (County) (State)  196.f., that (I) (we) last on the date stated above 22b. DATE SIGNET  7/2 4/6 SIGNET

MARYLAND STATE DEPARTMENT OF HEALTH

4 - 48 1 alf loguinos. is been in The dead Milton. or Market Lidenships Straing Creek 110 V V - 22 A company of the territory of the last of car and should be seen German H , march Marian Marian Lawrence Completed of the party of the contract of the Cartest State of the Cartest St The second second Me wee that Dear Dear Day TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

b. CITY OR TOWN (if outside corporate limits, write RURAL and or write RURAL and given necrest lown)  Cambridge  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Cambridge—Maryland Hospital  Rural  Rural  3. NAME OF DECEASED  (Type or print)  Sarah  S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED Sept. 11, 1879  WIDOWED DIVORCED Sept. 11, 1879  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if railred)  Home  13. FATHER'S NAME  (First name unknown)  Clatterbuck  Susan (maiden name unknown)  Tis. WAS DECEASED EVER IN U.S. ARMED FORCES?  No  No  OF  MACHINE OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country)  12. CITIZ  Wallace Bell, Rhodesdale, Maryland  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which gave rise to immediate couse (a), steling the underfying countered couse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I  FART II. OTHER SIGNIFICANT CONDITIONS CONTRIGITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I  Address  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I  Address  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	ester give neerest town)    e. IS RESIDENCE ON A FARM? YES NOTE  Day Yeer  1961 YEAR IF UNDER 24 HRS. Hours Min.
Dorchester    Dorchester	e. IS RESIDENCE ON A FARM? YES NOT Day Year 19 61 YEAR IF UNDER 24 HRS. Hours Min.
Cambridge  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  Cambridge—Maryland Hospital  Rural  3. NAME OF DECRASED (Type or print)  Sarah  Sell.  Sept. 10. DATE OF BIRTH  Bell.  Sept. 11, 1879  PART II. DATE NUMBOR IN U.S. ARMED FORCES? (Yes, no, or unknown)  18. CAUSE OF DEATH [Inter only one course per line for (c)]. [b]. One  Wallace Bell, Rhodesdale, Maryland  (C). JUST II. STHERT'S MANE  (FIRST NAME  (First name unknown)  18. CAUSE OF DEATH [Inter only one course per line for (c)]. [b]. ond (c).]  PART II. DATHER'S IGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I  DUE TO Course of the following metal of work and the underfying gave rise to immediate cause (a), stelling the underfying DUE TO Course lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	o. IS RESIDENCE ON A FARM? YES NOT Day Year 19 61 YEAR IF UNDER 24 HRS. Hours Min.
Cambridge  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  Cambridge—Maryland Hospital  Rural  Cambridge—Maryland Hospital  Rural  Rural  Sarah  Bell   A. Date of Birth   Death Of	ON A FARM? YES NOTE  Day Yeer  1961 YEAR IF UNDER 24 HRS. Hours Min.
Cambridge Maryland Hospital  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED Sept. 11, 1879  6. COLOR OR RACE 7. MARRIED NEVER MARRIED Sept. 11, 1879  6. COLOR OR RACE 7. MARRIED NEVER MARRIED Sept. 11, 1879  6. COLOR OR RACE 7. MARRIED NEVER MARRIED Sept. 11, 1879  6. COLOR OR RACE 7. MARRIED NEVER MARRIED Sept. 11, 1879  6. COLOR OR RACE 7. MARRIED NEVER MARRIED Sept. 11, 1879  6. COLOR OR RACE 7. MARRIED NEVER MARRIED Sept. 11, 1879  6. COLOR OR RACE 7. MARRIED NEVER MARRIE	ON A FARM? YES NOTE  Day Yeer  1961 YEAR IF UNDER 24 HRS. Hours Min.
3. NAME OF DEEASED (Type or print)  Sarah  S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED Sept. 11, 1879  Sept. 10e. USUAL OCCUPATION (Giva kind of work done during most of working life, even if relired)  Housework  13. FATHER'S NAME  (First name unknown)  Clatterbuck  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unknown) (Ifyes give warerdeles of service)  None  18. CAUSE OF DEATH (Enter only one course per line for (e), (b), end (c).)  PART I. DEATH WAS CAUSED BY:  (C)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.	YES NOT Yeer  1961 YEAR IF UNDER 24 HRS. Hours Min.
3. NAME OF DEATH Sarah Bell 4. Date Of DEATH Suly 24  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Sept. 11, 1879 9. AGE (in years lest birthday) Months DEATH Solved of White WIDOWED DIVORCED Sept. 11, 1879 19. AGE (in years lest birthday) Months DEATH Solved of White WIDOWED DIVORCED MET Sept. 11, 1879 19. AGE (in years lift UNDER 1Y 10. U. Sept. 11, 1879 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZ HOUSEWORK Home Madison, Virginia 12. CITIZ HOUSEWORK WAS DECEASED EYER IN U.S. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Iftyesgivewardrelezefservice) None Wallace Bell, Rhodesdale, Maryland 18. CAUSE OF DEATH [Enter only one ceuse per ling for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: MARRIED ONE SOCIAL SECURITY NO. 17. INFORMANT Address (a), steling the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTROSTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I DEATH WAS CAUSED BY: MARRIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I DEATH WAS CAUSED BY: MARRIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I DEATH WAS CAUSED BY: MARRIED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	4 19 61 YEAR IF UNDER 24 HRS.
(Type or print)  Sarah  Bell.  DEATH  July 24  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED Sept. 11, 1879  100. USUAL OCCUPATION [Giva kind of work done during most of working life, even if relired]  Housework  100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [County & Stele, or foreign country]  Housework  100. Wadison, Virginia  100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE [County & Stele, or foreign country]  Home  Madison, Virginia  100. Wallson, Virginia  100. Wallace Bell., Rhodesdale, Maryland  100. Wallace Bell	YEAR   IF UNDER 24 HRS. Hours   Min.
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH  Female White WIDOWED DIVORCED Sept. 11, 1879  10e. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)  Housework  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country)  Housework  13. FATHER'S NAME  (First name unknown) Clatterbuck  Susan (maiden name unknown)  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [Ityesgivewarardetesofservice)]  None  Wallace Bell, Rhodesdale, Maryland  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which gove rise to immediate cause (a), stelling the underfying cause lest.  PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	YEAR   IF UNDER 24 HRS. Pays Hours Min.
Female White WIDOWED DIVORCED Sept. 11, 1879 81 yrs. Months De 10e. USUAL OCCUPATION [Giva kind of work done during most of working life, even if relired]  Housework Home Madison, Virginia U.  13. FATHER'S NAME  (First name unknown) Clatterbuck  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) [Ifyesgivewarordetes of service)]  None Wallace Bell, Rhodesdale, Maryland  18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO Conditions, if eny, which geve rise to immediate ceuse (a), stelling the underfying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTROSTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	7.
10e. USUAL OCCUPATION (Giva kind of work done during most of working life, even if relired)  Housework  Home  Madison, Virginia  U.  Madison, Virginia  U.  13. FATHER'S NAME  (First name unknown)  Clatterbuck  Susan (maiden name unknown)  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give ward detes of service)  No  18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), end (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate couse (a), stelling the underfying couse lest.  PART 18. OTHER SIGNIFICANT CONDITIONS CONTROSTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	TEN OF WHAT COUNTRY
Housework  13. FATHER'S NAME  (First name unknown) Clatterbuck  (First name unknown) Clatterbuck  Susan (maiden name unknown)  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  (Ifyesgive war or detes of service)  None  16. SOCIAL SECURITY NO.  17. INFORMANT  Wallace Bell, Rhodesdale, Maryland  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate cause (a), stelling the underfying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	THE OF WHALL COUNIES
13. FATHER'S NAME  (First name unknown) Clatterbuck  Susan (maiden name unknown)  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unkown) (Ityesgivewardelesofservice)  None  None  Wallace Bell, Rhodesdale, Maryland  18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which gave rise to immediate couse (a), ateling the underfying ocuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTROPTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  PART II. OTHER SIGNIFICANT CONDITIONS CONTROPTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	S.A.
(First name unknown) Clatterbuck Susan (maiden name unknown)  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Hyesgive war or detes of service)  None Wallace Bell, Rhodesdale, Maryland  18. CAUSE OF DEATH [Enter only one ceuse per line for (e), [b), end (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate couse (a), stelling the underlying  Cuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRESTUNG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	10.22
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or detes of service)  None  None  Wallace Bell, Rhodesdale, Maryland  IB. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate ceuse (a), stelling the underlying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTROPTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	
(Yes, no, or unkown) (If yes give war or detes of service)  None  Wallace Bell, Rhodesdale, Maryland  18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which gever rise to immediate ceuse (a), stelling the underfying ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTROLLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY, MMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which gever itse to immediate couse (a), stating the underlying DUE TO  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	4
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate cause (a), stelling the underlying  DUE TO  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTROLLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	I INTERVAL BETWEEN
Conditions, if eny, which gave rise to immediate cause (a), stelling the underlying cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTROLLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	ONSET AND DEATH
Conditions, if env, which gove rise to immediate couse (a), stating the underfying couse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	of ways
geve rise to immediate couse (a), stelling the underfying DUE TO ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	2weer
ceuse lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTROLLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	
Seculty Seculty	
5 seculty	PERFORMED
	YES NO
20e. ACCIDENT WAS UNDERLYING   20e. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.)  OR CONTRIBUTING   CAUSE OF DEATH  Ull EITHER, NOTIFY MEDICAL EXAMINER;	,
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Place and Plac	ty) (State)
p.m. 19 et work et work	
21. I certify that (I) (this hospital) attended the deceased from 2/7 19.01 to 1/2 4 19.00	Of that (I) (we) las
saw the deceased alive on 196, and that death occurred 12:150, Allom the causes and on the	
22e. (SIGPA DURE 7	22b. DATE
M.D. PHYS. DIRECTOR PHYS.	7/25/1
22c. PHYSICIAN'S NAME (Type) ( ) / / / / / / / / / / / / / / / / /	1 101.
MARINE MARINES M. 2 CAMBRIDGE, MAR.	1LAND
238. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)	(Stete)
Burian Specify July 26, 1961 East New Market Cemetery East New Market,	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS M 250. REGISTRAR 256. REGISTRAR'S SIG	
J.J. Framptom and Son, Federalsburg, Maryland  250. REGISTRAR 250. REGISTRAR'S SIGNATURE DATE  DATE  250. REGISTRAR 250. REGISTRAR'S SIGNATURE DATE	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

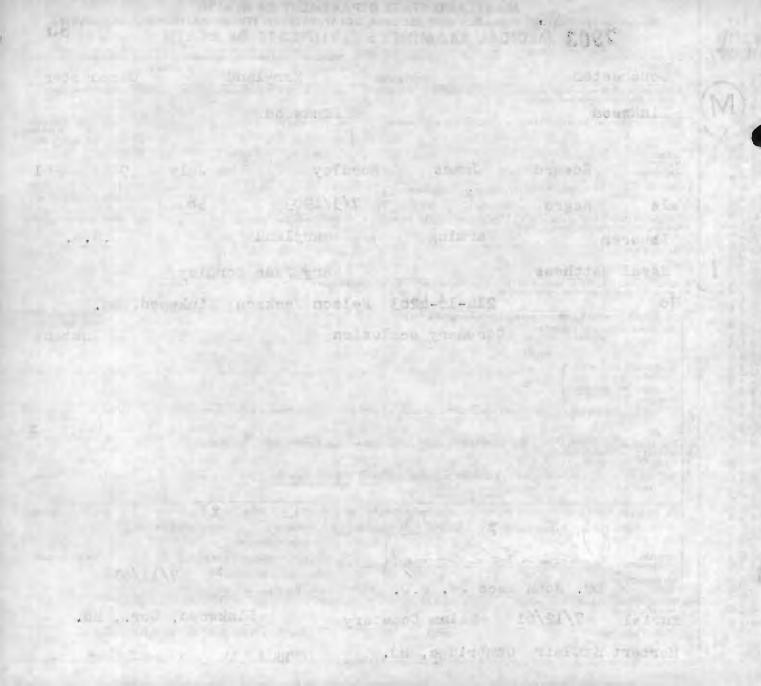
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## FOR STATE HEALTH DEP TO DEPUT EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function places. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board—of-Health, or its designated agent, prior to burial, cremation, or removal, and in any eyeff within 72 hours after death. V5. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

7903 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEA!			e, STATE	NCE (Where decessed lived, If I	nstitution: Residence before admissio
Dorche	ster	MARYLAND		yland	Dorchester
	(if outside corporate limit and give nearest lown)	s, c. LENGTH OF STAY IN 16	C. CITY OR TOWN	(If outside corporele limits, write	RURAL and give neerest town)
		f not in hospitel, give street address)	d. STREET ADDRESS		e, Is residence on a farm yes \ no
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	Edward		ordley	DEATH July	9 1961
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years   last birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS
Male	Negro	WIDOWED DIVORCED	7/3/1903	58 yrs.	Months Deys Hours Min.
	TION (Give kind of work rorking life, even if retired	4)	Y 11. BIRTHPLACE (Stell	e or foreign country)	12. CITIZEN OF WHAT COUNTR
Labore		Farming	Maryla	nd	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Hazel	Matthews		Mary Ja	ne Bordley	
15. WAS DECEASED E	VER IN U.S. ARMED FOR			Address	- 1166
(Yes, no, or unkown)	(If yes give war or deles of se		Welson Jac	lean Ifal	_ a W.a
	DEATH  Enter only one	214-10-4203 [ cause per line for (e), (b), and (c),]	AGTROIL D'SC	kson_Linkwo	od, Md.
	TH WAS CAUSED BY:				ONSET AND DEATH
1100	IMMEDIATE CAUSE (+)_	Coronary occlus	sion		Instant
420	DUE TO				
Conditions, if er	In I				
(e), steting the	> DUE TO				-
cause lest.	) (c)_				
PART II. OTH	ER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(6) 19. WAS AUTOPS' PERFORMED?
<u> </u>					YES NO X
PART II. OTH  200. EXTERNAL PRIMARY OF CAUSE OF DEATI	ONTRIBUTING [	Db. DESCRIBE HOW INJURY OCCURED. (E	nter neture of injury In Pa	art I or Part II of item 18.)	
ZOc. TIME OF IN.			CE OF INJURY (Home, far ory, street, office bldg., et	rm, 2Df. (City or town)	(County) (State)
₹ p.m			Id an Autonou 🔲	Inspection 5 Inquir	
		f the remains described above, he		Inspection 🛣 Inquir	
death resulted	from Natural car	uses 🗶 , Accident 🔲, Suici			anner [
		0	CHIEF MEDICAL	L EXAMINER	
ACTUAL SIGNATURE_	Jorn	mach	M.D. ASSISTANT ME	DICAL EXAMINER	DATE SIGNED
EKAMINER'S	Day Talan	7	DEPUTY MEDICA	AL EXAMINER TO 7/	11/61
NAME (Type)	Dr. John		The same of the sa	, city, town, or county)	William Company
22a. BURIAL, EREMAT REMOVAL (Special Burial				Linkwood,	
23. FUNERAL DIRECT	OR	ADDRESS		C'D BY REGISTRAR   246. REGI	
Herbert	StClair	Cambridge, Md.	DATIN	1 1 8 '61   Call	hung & Krous



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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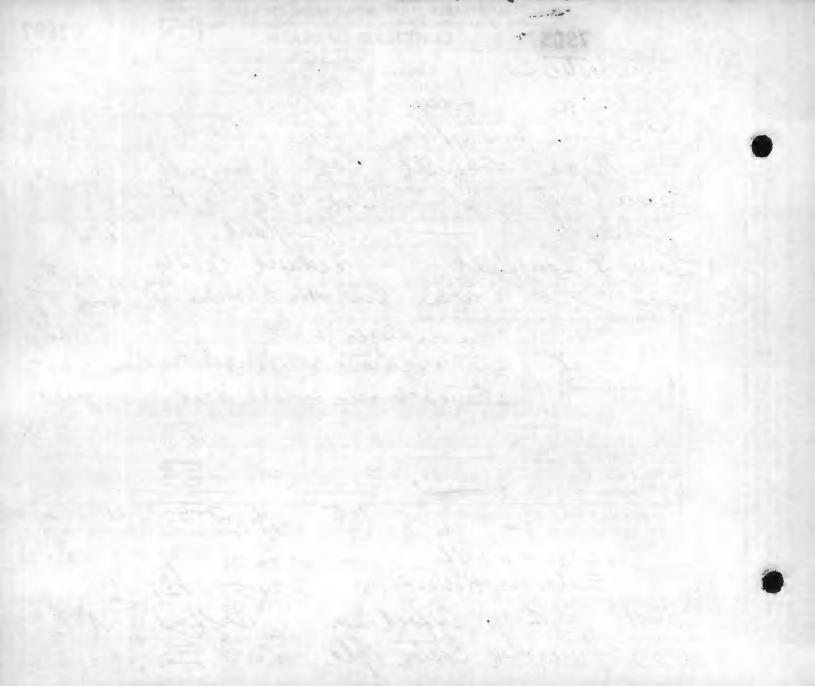
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DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH directar 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed b. COUNTY MARYLAND c. CUT OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. EITY OR TOWN (If ootside corporale limits, write NAME OPTHOSPITAL (If not in haspitel-give street address) d. STREET MODRESS e. IS RESIDENCE ON A FARM? YES NO E NAME OF 4. DATE Year DECEASED (Type or print) DEATH B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS COLOR OR RACE 7. MARRIED NEVER MARRIED last birth Months Days Hours DIVORCED WIDOWED I 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of tareign Junty) 12. CITIZEN OF WHAT COUNTRY? st of working life even if retired) 13. FATHER'S NAME 14. MOTHER'S MATDEN NAME within WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMAN 1.0 INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ₽ nours IMMEDIATE CAUSE (o DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I() 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 90 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) Doy, Year 20d. INJURY OCCURRED (Stote) factory, street, office bldg., etc.) MEDI Hour a.m. While Not while at work at work p. m. 21. I certify that (I) (this haspital) attended the deceased from. L, that (1) (we) last and that death accurred at 220 M, from the causes and an the date stated above saw the deceased alive an 22a. SIGNATURE M.D. PHYS. STAFF PHYS. DIRECTOR T PE 22d. ADDRES FUNER 23d LOCATION (Ripl town, of county) 236 DATE THEREOF OF CEMETERY OR EREMATORY page the Sta MINERAL DIRECTOR SINATURE 250. REC'D BY REGISTRAK 25b. REGISTRAR'S SIGNATURE 1SM 9/59

Page

death.

LAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH PLACE OF DEATH

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1	o. COUNTY	Dorchester		MARYL	AND		aryla		b COUNTY				J117
	b CITY OR TOWN RURAL and give i	(If outside corporate liminogrest town) Cambridge	ts, write	c. LENGTH OF STAY I	N 1b				rote limits, write fi laryland	URAL and	give ne	arest town)	
	d name of hosp or institution	Cambridge			1	d. STREET AC		bins S	Street			e. IS RESIE ON A I	FARMZ
3.	NAME OF DECEASED (Type or print)	Fre	leric	Middle Dougla	S	Davis		4. DATE OF DEATH	July	ıth	3	,	961
5	Male	6 COLOR OR RACE	7. MARRII WIDOWEL	SED SED AT SE		Audust		.884	9. AGE (In years lost birthdoy) 76 yrs	Menths 10	R 1 YEAR	Hours	Min.
L	during most of we	ION (Give kind of work or rking life, even if retired <b>GT</b>	ione 105 K	IND OF BUSINESS OR Farm	INDUS			or foreign co			IZENO	• A	DUNTRY?
13	I. FATHER'S NAME	Unknown				14. MOTHER'S		NAME 1 Davis	3				
15		ER IN J. S. ARMED FOR (If yes, give war or dates of s	and and	ocial security No. 20-10-6198		FORMANT S. Clara	D. P	arker,	, Vienna,		ylan	d R.F	.D.
		immediate DUE TO	P	e for (o), (b), and (c) ]	Eml	oolism						ERVAL BET	DEATH
CATION	PART II. OT	THER SIGNIFICANT CON	emhi		TH BUT	NOT RELATED TO	THE TERM	INAL DISEASI	E CONDITION GIV	VEN IN PA	RT 1(o)	9. WAS A PERFOR	MED?
CERTIFI	20a ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)		RIBE HOW INJURY OC	CURRED	(Enter noture of	injury in	Part I or Part	t (1 of item 18.)				
MEDICAL		RY Month, Doy, Yes	While of work	Not while		CE OF INJURY (Hory, street, office			or town)		(County)		(Stole)
	saw the decea	at (1) (this haspital		ed the deceased t									
	220 SIGNATURE	Ya live	<u>+</u>	ф F	A	ATTENDING PHYS.	X DI	ED IRECTOR	STAFF PHYS.			226	DATE SIGNED
	22c PHYSICIAN'S NAME (Type)	3 4 u		t.M.D.		22d. ADDRES		ne St	., Camb	rdig	e,M	d.	
23	BUR AL CREMATH	July 6,15		Vienna C	eme	CREMATORY DELY		23d LOCAT	Vienn	or county)	Mar	yland	)
24	J.J.Pra	r's signature ap <b>tom</b> and So	n, F	ADDRESS 'ederalsbur	g, M	aryland	250 REC	D BY REGIST	RAR 25b REGI	STRAR'S S	IGNATU	RE .	

executed within 24 haurs ofter death. Page 4 the funeral directar, shauld be filed with may be recorded by the hospital or attending physicion.

O FUNERA CRECTOR: After this certificate has been signed by the attending physician and campretely filled page 3 should be detached for use as the bural-transit permit. Then prease remove carbon pagers. Pages 1 the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death ATTINDING PHYSICIAN: The law requires that the death certificate be TO HOSPITAL DV may be r. TO FUNERA

VR A15 (4) 15M 9/59



YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, If Institution: Residence before admission) I. PLACE OF DEATH e. COUNTY a. STATE 5. COUNTY DORCHESTER. MARYLAND DORCHESTER. c. C.TY OR TOWN (If outside corporate I m ts, write RURAL and give nearest fown b. CITY OR TOWN ( f outside corporate limits. E LENGTH OF STAY IN 16 write RURAL and give neerest town CAM RIDGE, MARYLAND. CAMBRIDGE, MARYLAND. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress) d STREET ADDRESS a. IS RESIDENCE ON A FARM? ACADEMY. STREET. YES NO ACADEMY. 3. NAME OF Fuest Middle 4. DATE Month Yeer DECEASED OF (Type or print) DEATH NELLIE 19 KENNING DAVIS IF UNDER 24 BRS 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Hours WIDOWED TY DIVORCED 90 ge 5 and 72 hg 10a. LSUAL OCCUPATION (G va kind of work 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE HOUSEWIFE CASAMOVIA, NEW YORK U.S.A. pages 13. FATHER'S NAME Md HENRY KENNING E CE ELIZA KENNING 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) ((fyasgivewerordatesofservice) HARRY C. DAVIS, CAMBRIDGE, MARYLAND, MERVAL BETWEEN NO 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION Min IMMEDIATE CAUSE (e) DUE TO burial noval, Conditions, if any, which (b) geve rise to immadiate cause DUE TO (e), stating the underlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO TO d b 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20d. INJURY OCCURRED., 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work al work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection T Inquiry and in my opinion Ö Undetermined manner death resulted from. Natural causes T Suicide Homicide Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER lease execute should be fo PUNERAL r its designate SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER:6 NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY (Stata) 22d, LOCATION (City, town, or country) 228. BURIAL, CREMATION. REMOVAL (Specify) g 0 4 g BURLAL 23 FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME LE COMPTE FUNERAL SERVICE, CAMBRIDGE, MARYLAND JOANIE SM 9160



	MARYLAND STATE DEPA	ARTMENT OF HEALTH-BALTIM	ORE, 18
A	7908 CERT	IFICATE OF DEATH	Reg. Dist. No. 0700
M	PLACE OF DEATH COUNTY DORCHESTER MAR	2 USUAL RESIDENCE (Where deceased lived o. STATE	If institution Residence before admission) COUNTY
-	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  CAMBRIDGE  14VRS-118	Y IN 16 c. CITY OR TOWN (If outside corporate line NOS. FEDERALS BURG	nits, write RURAL and give nearest town)
ام ک	d. NAME OF HOSPITAL (If not in hospital give street addies), OR INSTITUTION FASTERN SHARE STATE	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \( \) NO
	3. NAME OF DECEASED (Type or print) SARAH MAR	V DAVIS DEATH	Month Day Year  Tuly 9 1941
	FEMALE WHITE WIDOWED DIVORCE	CED [] AUGUST 19 1877   lost	E (In years   IF UNDER 1 YEAR IF UNDER 24 HRS birthday)   Months   Days   Hours   Min.
ofter death.	10a LSUAL OCCUPATION (Give kind of work done)  during most of working life, even if retired)  MILLINER  13. FATHER'S NAME	A 1	USA,
I after	CHARLES T DAVIS  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	MARTHA WA	TKINS.
72	(Yes, no, or unknown) (If yes, give war or dates of service) None	HOSPITAL RECORDS	- CAMBRIDGE MD
vent within	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO	ED CALINOMATOSIS	INTERVAL BETWEEN ONSET AND DEATH OVER 4 VR.
in any e	Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-</u>		
remaval, and	Iying cause last.   (c)   Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON	DIT ON GIVEN IN PART 1(a) 19 WAS AJTOPSY PERFORMED? YES NO 10 10 10 10 10 10 10 10 10 10 10 10 10
o. of rem	20a. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Port I or Part II of	item 18.)
emotion	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a m.  P. m.  19 of work of work	20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	vn) (County) (State)

21. I certify that I attended the deceased from APRIL 25, 1957, ta JULY. 9, 1961, that I last saw the deceased alive an JULY 8, 1961, and that death accurred at 12 AM, from the causes and an the date stated above.

ADDRESS (Street, city or town, slote)

DATE SIGNED

ACTUAL
SIGNATURE STATE HOSPIAL JULY 9, 1961.

PHYSICIAN'S HOSPIAN STATE HOSPIAL JULY 9, 1961.

220. BURIAL CREMATION, 228. DATE THEREOF PROPERTY OF CREMETERY OF CREM

24a. REC'D BY REGISTRAR 2

24b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 7909 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Filed COUNTY MARYLAND Dorchester Maryland Dorchester b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 8 RURAL and give nearest town) 20 Cambridge Life Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? Douglas Street 47 Douglas Street YES 🗍 NO 📆 NAME OF 4. DATE Middle Lost Year OF DEATH DECEASED (Type or print) Smith 19 61 Viola Dennis 6. COLOR OR RACE 7. MARRIED NEVER MARRIED FUNDER 1 YEAR SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days WIDOWED T DIVORCED | Female Negro May 20. 69 100. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Food Packing Dorchester Co... USA Laborer Md. carbon after de 13. FATHER'S NAME Joseph Smith Sarah Creighton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT No Gladys Rowley. Cambridge. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) } ONSET AND DEATH ╗ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (n) Cardiac Decompensation **DUE TO** Arteriosclerotic heart disease Conditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' CATION PERFORMED? YES NO 700 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) CERT 20c. TIME OF INJURY 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (Cily or lawn) (Stote) Dov. Year (County) factory, street, affice bldg., etc.) While a. m Not while at work of work 19 61, that I last saw the deceased January July 15 21. I certify that I attended the deceased from \_ and that death accurred at 8 P. M. from the causes and on the date stated above. alive on July ADDRESS (Street, city or lown, state) Pine St., Cambridge . Md . ACTUAL SIGNATURE PHYSICIAN'S Edwin Fassett M.D. NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (State) page Burial (Specify) 1961 Waugh Cemetery Cambridge, Md. 0 24b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S DIGHATURE **ADDRESS** 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/55 Cambridge, Md. DATE []1 2 5 '61 arilun S. Huma



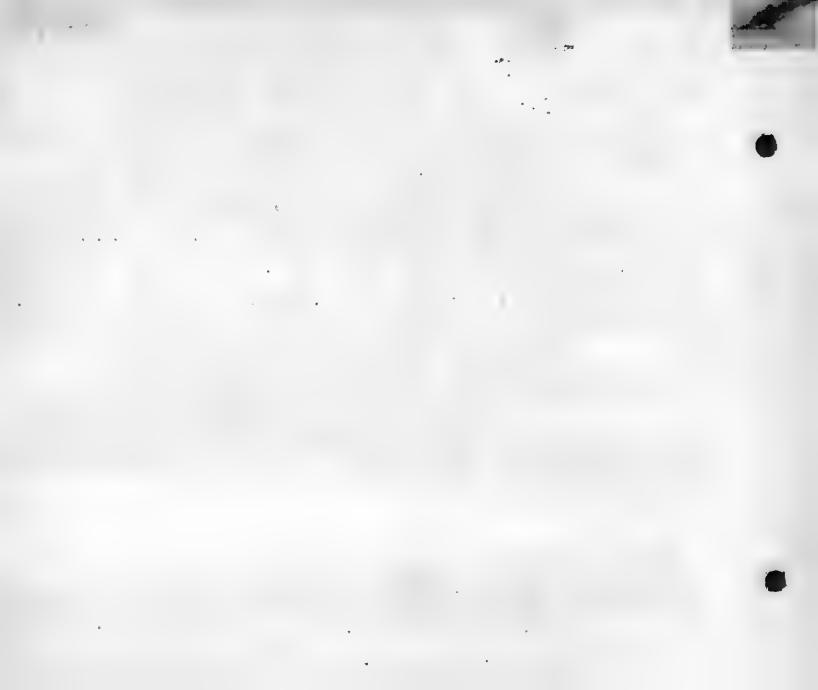
VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7910 CERTIFICATE OF DEATH

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, "	13TI COLORE EXAMINE	R'S CERTIFICATE OF DEATH Reg. Dist	. No. 00000
	1. PLACE OF DEATH o. COUNTY Dorchester MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence to STATE Maryland b. COUNTY Ta	before odmission)
M)	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)		
	Cambridge 24 hours	Oxford	
Y	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
	26 Center St.	none Line -	ON A FARM?
	3. NAME OF First Middle OTCEASED (Type or print) Emile Milo G	Lond 4. DATE Month Of DEATH July 30	Day Year 19 61
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		EAR IF UNDER 24 HRS.
	Male Negro WIDOWED DIVORCED	May 12,1902 59 ym. Months De	zys Haurs Min.
	10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, even if retired)  Laborer Factory	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZE  Maryland U.S	N OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
(F)	Edward Gibson	Martha Chase	
(1)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11	7. INFORMANT Address	
	(Ves. no. or unknown)   Iff yes, give wer or dates of service)   218=09-7459	Marjorie Gray	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) COPONARY OCCLU	sion	ONSET AND DEATH  5 minute
	PUE TO	3201	
		ic-cardio-vascular-renal disease	?
	(a), stating the underlying DUE TO		
		osis generalized	-
	CAIK	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T	PERFORMED?
0	CAUSE OF DEATH. none	). (Enter nature of injury in Part 1 or Port 11 of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.  Hour a m. While Not while of work of w	PLACE OF INJURY (Home, form, 20f. (City or town) (Count octory, street, office bldg., etc.)	y) (State)
	21. 1 certify that I taok charge of the remains described a	bove, held an Autopsy 🔲, Inspection 🔼 Inquiry	X, and find that
-h	death resulted from: Natural causes 🔂 Accident 🔲	Suicide , Homicide , Undetermined cause .	
1	Enl. 1 -/2 17-22		
34	SIGNATURE CLOSURGE TO 1046	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
		ASSISTANT MEDICAL EXAMINER   8	-2-61
	NAME (Type) Eldridge H. Wolff, M.D.	DEPUTY MEDICAL EXAMINER	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
	Burial 8-3-61 John Wesley	Cemetary Oxford Maryland	
	23/FUNERAL DIRECTOR'S SIGNATURE	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	ATURE
	James B. Dashiell , Easton, Maryland	DATERING 7 '61 Cultury S. #	Since

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission o. COUNTY b. COUNTY Wicomico MARYLAND Maryland Dorchester ero b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ė RURAL and give nearest lawn) plnods (rural) 21 days Salisbury rural Cambridge d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? OR NISTITUTION R.D.# 1 (Union astern Shore State Hospital YES NO THE 4. DATE NAME OF Middle Month Yeor DECEASED 19 Good 19 61 DEATH July (Type or print) Sylvester Mark 5 SEX 6 COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF JINDER I YEAR IF UNDER 24 HRS 7. MARRIED IXI NEVER MARRIED last birthday) Months WIDOWED | DIVORCED | 85 male white 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland U.S.A. Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .≘ ò James V. Good Rachel Hurley ove 17. INFORMANT Mrs. Cora L. Good (Were) R IS. WAS DECEASED EVER IN U. 5. ARMED FORCES? 16 SOCIAL SECURITY NO Medical Records Eastern Shore State HosplCambridge no aftending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] Coronary Thrombosis PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO General Arteriosclerosis several vears Canditians, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost PAIT 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X CERTIFIC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY 20d INJURY OCCURRED (State) foctory, street, office bldg , etc.) o m. Not while N/A of work of work p m. . 19061 to July 19 , 19.61, that (1) (we) last .28 21 I certify that (I) (this haspital) attended the deceased from .June 19\_19\_61 and that death accurred at 90.M, from the causes and an the date stated above saw the deceased alive an 22a, SIGNATURE MED. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Simon Virkutis Cambridge. Md Eastern Shore State Hosp. 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) <u>Union Cemeterv</u> sbury, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256 REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR SALISBURY MARYLAND HOLLOWAY & COMPANY DATE JUL 2 4 '61 ISM 9/59

ofter death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 07905 LTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND DORCHESTER CO. DADE CO b. CITY OR TOWN (If ou side corporate him to, write RURA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest lown) and give recrest town) CAMBRIDGE, MARYLAND 3 DAYS MIAMI, TLA. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street pddress) e IS RESIDENTE ON A FARM YES NO F 300 MARYLAND AVE. UNKNOWN NAME OF First Middle Lost DECEASED (Type or print) DEATH FAY 9. AGE (In years IF JNDER TYEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED [ 8. DATE OF BIRTH feat brithday) Months Doys Hours DIVORCED WIDOWED [ MATE WHITE 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NEWSPAPER NEWSPAPER DORCHESTER, CO. MARYLAND U.S.A. poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SAMUEL B. HANDY MARGARET HURLOCK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address TINKNOWN MRS. LELAND HANDY CAMBRIDGE, MARYLAND. 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: 5 Mins. IMMEDIATE CAUSE (6) Coronary occlusion **DUE TO** Conditions, if ony, which gove rise to immediate couse DUE TO (a), stoting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLIP, WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part L or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) 20f. (City or fown) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work in. in 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K. Inquiry opinion death resolted fram: Natural causes K., Accident J., Suicide J., Homicide J., Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 7/31/61 John Mace Jr. M.D. DEPUTY MEDICAL EXAMINER [7] 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) 23 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUR

COMPTE FUNERAL SERVICE, CAMBRIDGE, MARYLAND, DATE 4UG 3

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(Stote)

VS. ATSME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



7916 CERTIFICATE OF DEATH Rea. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY **b. COUNTY** MARYLAND Marvland Dorchester Dorchester funeral b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ê. RURAL and give nearest fown) P 50 vears Cambridge, Md. Cambridge, Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Cambridge Maryland Byrn & Aurora St. YES INO#君 117 Robbins Street NAME OF 4. DATE Middle Lost Month DECEASED (Type or print) Olin P. Hubbard DEATH 7-31-61 19 S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF RIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years lost birthday) Months Days Hours White 12- 3-1880 male WIDOWED [7] DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. waterman Dorchester Co. Md. waterman corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eliza Slemmaker William F. Hubbard IS. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Mrs. Olin Hubbard, 117 Robbins St., Cambridge, MD 213-16-7568 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)-] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 1 hour Coronary Occlusion IMMEDIATE CAUSE (o) **D**UE TO Conditions, if ony, which Arteriosclerosis-cardio-vascular-renal disease gove rise to immediate DUE TO couse (a), stating the under-Arteriosclerosis generalized lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? buriof YES NON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) none 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg, etc.) Hour a.m. While Not while of work of work p. m. 19.61 ,that I last saw the deceased 7-30 1961 7-31 21. I certify that I attended the deceased fram. ., ta\_ and that death accurred at 10:10 a.M. from the causes and an the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED 15 Locust St. 8-1-61 SIGNATURE PHYSICIAN'S Eldridge H. Wolff NAME (Type) Cambridge, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) FUN P REMOVAL (Specify) Burial 8-2-61 Dorchester Memorial Park Cambridge, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 161 Contrar & Frank DATE AUG 9 eCompte Funeral Service, Cambridge, Maryland ISM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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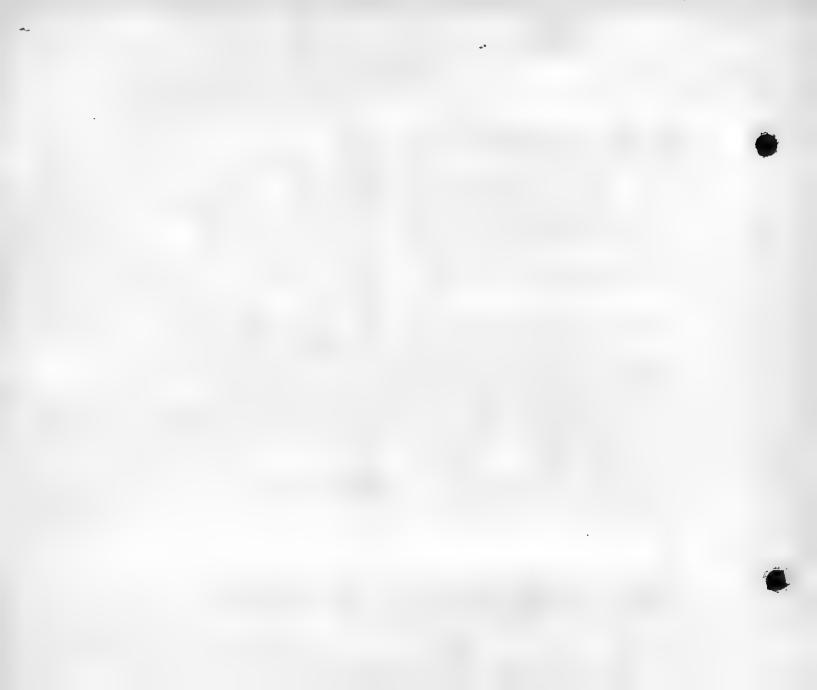
,	The state of the s	g. Dist. No.
1.	PLACE OF DEATH  a. COUNTY  Dorchester  Maryland  2 USUAL RESIDENCE (Where deceased lived If institution o STATE Md. b COUNTY D	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA Cambridge	it and give nearest town)
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e IS RESIDENC
	E.S.State Hosp.	YES NO
3.	NAME OF DECEASED (Type or print) Martha Lucinda Jones tost (Type or print) Martha Lucinda (Type or print) Martha	Doy Year
	F W WIDOWED DIVORCED 11/16/75 85 Mor	NDER TYEAR IF UNDER 24 HR
10	duting most of working life, even if tetired)	U.S.A.
13	FATHER'S NAME	-10-
	John Evans Rebecca Clementine Celle	alt
12	No Records E.S.S.H. Cambridge, Md	
	18. CAUSE OF DEATH [Enter only one couse per ine for (a), (b), and (c) ]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Myocardial failure	ONSET AND DEATH  2 wks
	4/50.0 DUE TO	
	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying Couse tost.	7
12	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	
Ž	Fracture neck left femur.	PERFORMED?
CFBT3F1CA		1
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. [City or fewn) factory, street, office bldg., elc.)  1.20 p. m. 11-2-19 60 While of work of wo	(County) (State)
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . In	quiry , and in m
	opinion death resulted from: Natural causes 🔼, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermin	ned monner
	ACTUAL SIGNATURE SIGNATURE  ASSISTANT MEDICAL EXAMINER [7]	DATE SIGNED
	FXAMINED'S	/1/61
2	NAME (Type)  John Mace Jr.  DEPUTY MEDICAL EXAMINER M  OSEBLAIA CREMATION 72b. DATE THEREOF  TO MAME OF CEMETERY OF CREMATORY  TO MAKE THEREOF  TO MAKE THE THE THE THEREOF  TO MAKE THE THE THE THE THE THE THE THE THE TH	
2	FUNERAL DIRECTOR'S SIGNATURE 10 - // ADDRESS 246 REC'D BY REGISTRAR 246. REGISTRAR	'S SIGNATURE
	Kuth S-Milosuphet Treat lew Market part 5 161 Cilled	8 10

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution/Residence before admission)/ 1. PLACE OF DEATH a. COUNTY filed **b.** COUNTY AN MARYLAND Funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (15-outside-corporate limits, write RURAL and give nearest lawn) RURAL and give nearest town); pinous d NAME OF HOSPITAL (If nation haspital, give sigeet address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION. ON A FARM? YES NO 😭 NAME OF 4. DATE First Middle Year DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH AGE (In years last bir/hday) Days Months Hours WIDOWED [ DIVORCED IV papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF INDUSTRY 11, BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if refined) carbon patter de 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) · Muse **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) DICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a. st. While Not while at work 🔲 at work p. m. 196/ that I last saw the deceased 21. I certify that I attended the deceased from 0 and that death occurred at 1 20 f.M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) O FUNERA 22# BURIAL CREMATION, 2262 DATE THEREOF. 22c. NAME-OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE A DORESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR AUG arthur S. Henris VS A15 (4) 15M 9/55 DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



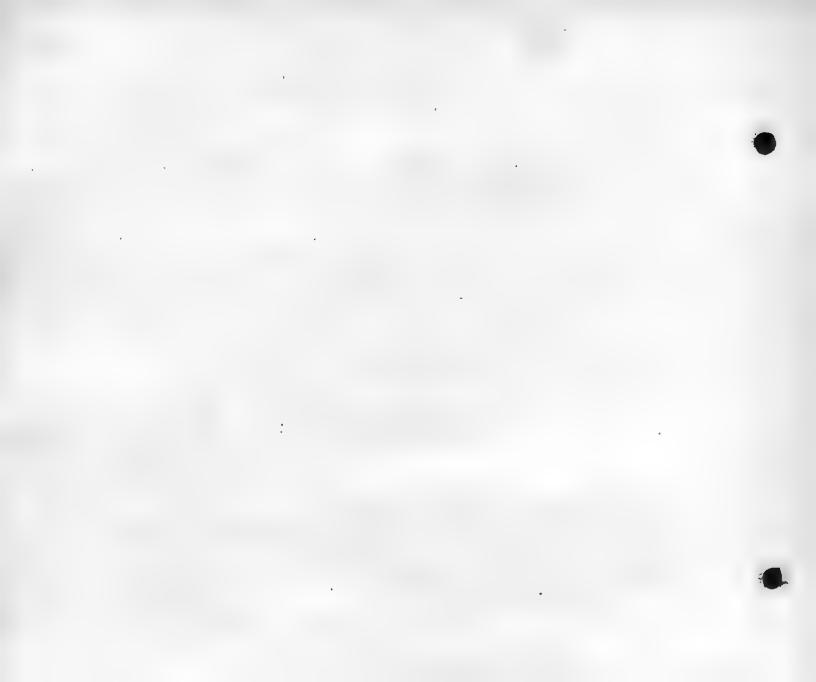
VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMEN	IT OF HEALTH-BALTIMORE, 1
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	792	90	CERTIFI	CA	TE OF DEAT	Н			Reg. Dist. N	lo. {	7912
PLACE OF DEATH	CHESTER, CO		MARYLA	- 11	2. USUAL RESIDENCE (V o. STATE MARYTA			COUNTY	ORCHEST		
b. CITY OR TOWN (I	If outside corporate limiteorest fown)	ts, write c.	LENGTH OF STAY IN		c. CITY OR TOWN (II	outside corp		s, write RI	URAL and give		CO. town)
d. NAME OF HOSPIT	MD. R.F.D	ive street odd		2	d. STREET ADDRESS	MD.	R.F.	D.# 2	2	0	RESIDENCE N. A. FARM?
CAMBRIDGE,					CAMBRIDGE,		R.F.D	# 2		YES	S NO DY
NAME OF DECEASED (Type or print)	EDNA		MAUDE Middle		HWAN Lost	4. DATE OF DEATH	1	Mont		Doy	Yeor 19 <b>61</b>
FEMALE	6. COLOR OR RACE WHITE	7. MARRIED	NEVER MARRIED   DIVORCED	- 1 -	DATE OF BIRTH		9. AGE lost b	(In yeors irthdoy) yrs.	Months Doy		urs Min.
OG USUAL OCCUPATION  HOU SEWIFE	ON (Give kind of work king life, even if retired	) i	D OF BUSINESS OR II	NOUST	MARYLANT	_	country)		12. CITIZEN		HAT COUNTRY
3. FATHER'S NAME					14. MOTHER'S MAIDEN				Val	La.G.a.	
HENRY C	. WOOLFORD		•		ANNA GRE	AVES					
5. WAS DECEASED EVE	ER IN U. S. ARMED FOR		TAL SECURITY NO.	17. INF	ORMANT			Addr	'ess		
NO	NO:		io l	MR.	LLOYD KIRW	AN. R.	F.D.	# 2.	CAMBRIT	GE.	MARYTA
Conditions, if a gove rise to i couse (o), stating lying couse lost.	the under-	()	Heprit	5-6	- Duct	Car	ein	om		<i>y</i>	ig or
PART II. OTI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES   NO										
J (IF EITHER, NOTIFY	AS UNDERLYING [] 3 [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIB	E HOW INJURY OCCI	URRED	(Enter noture of injury I	n Port For Po	rt II of ite	m 18 j			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	or 20d INJUI While of work	Not while	focto	E OF INJURY (Home, fo rry, street, office bldg., e	rm, 20f (Ci	ly or town		(Coun	ty)	(Stole)
1 1.	at I attended the	deceased			1954, 10/	rely	- L		that I last		
ACTUAL SIGNATURE	450	Co	and that de	eath o	o. 104	ADDRESS (		or town,	end on the o	Jate s	DATE SIGNE
PHYSICIAN'S NAME (Type)	N. H. H.	4NK	S M.		CAL	122	<b>少</b>	6E	Md	<u> </u>	/6/
BUNELY ALTISPECITY	7/1/196	-	R. NAME OF CEMETE DORCHESTER				ATION (CI		or county) MARYLAN		(Stote)
3 FUNERAL DIRECTOR LE COMPTE I		TITO:	ADDRESS			C'D BY REGIS		74b. REGIS	STRAR'S SIGNA	TURE	
OF OAKE IN	LAMBUAT 2FL	RVICE.	CAMBRIDGE.	MAT	DATEU CITE A TYS	L 7 '6		Cull	40 9 Han		



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS BALTIMORE 1, MARYLAND  7927 CERTIFICATE OF DEATH	07013
h. Page 4 il director, filled with	1 PLACE OF DEATH a. COUNTY Dorchester  MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence o. STATE Md. Kent	befare admission)
deat	b CITY OR TOWN (If auts de carporate limits, write RURAL and give nearest town)  c CITY OR TOWN (If auts de carporate limits, write RURAL and give nearest town)  c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	e neorest town)
hours after a shau	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  Eastern Shore State Hospital  d. STREET ADDRESS  204 Philosopher's Terrace	ON A FARM? YES NO
2 9	3 NAME OF DECEASED (Type or print) MARGARET IRENE LINDSAY Lost July 25	Day Year 19 61
¥ = ±	S. SER OF COROR OF MARKIED   METER MARKIED   M. ONTO OF BIRTH	YEAR IF UNDER 24 HRS ays Haurs Min.
com	during most of working life, even if retired)  none  Md.  U.S	N OF WHAT COUNTRY
5 5 5 E	13. FATHER'S NAME  Edward Spedden Lindsay  14. MOTHER'S MAIDEN NAME  Mary Emma Ellis  Address  Address	
	15. WAS DECEASED EVER IN L. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none Hospital records	
requires that the death ce is signed by the attending sit permit. Then please in ar remaval, and in any eve	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED 8Y:  Cerebral hemorrhage  DUE TO  Conditions, if any, which gave rise to immediate cause (o), stoting the under-lying cause last.  (c)	INTERVAL BETWEEN ONSET AND DEATH
otherding physical actions of the burial transfer of the burial-transfer of the burial transfer of the burial tran	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1  Ch. Brain Syndrome due to senile brain disease, with psychosis  200 ACCIDENT WAS UNDERLYING 0  20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
al ar ath his certif use as ta burro	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m.  p. m 19 At work at work 19 (Cot Factory, street, affice bldg., etc.)	unty) (State
TAL OR ATTINDING  TAL ARECTOR: After II  Should be detached for  Board of Health prior	21 I certify that (1) (this hospital) attended the deceased from 4/1/60  19 to 7/25 19.61 saw the deceased olive on 7/25 19.61, and that death occurred at 300 from the causes and an the cause ond an the cause of t	date stoted obave 22b DATE SIGNED
AL WORK A 12 (4) 12 W 8/25 12 W 12	23d BURIAL CREMATION. 23b DATE THEREOF REMOVAL (Specify) 7/28/61 Baltimore Cametery Or CREMATORY Baltimore City, Baltimore City, Chestertown Chestertown 25d REC'D BY REG STRAR 25b REGISTRAR S SIGN CHESTER S SIGN CHES	



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased I vad, If Institution, Residence before admiss on) PLACE OF DEATH a. COUNTY b. COUNTY Dorchester by the and 2 and 2 death. MARYLAND Dorchester b. CITY OR TOWN of outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limit, write RURAL and give nearest town) write RURAL and give nearest town) ò entire life Cambridge Cambridge ...d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Geasyow Street YES NO lebburn Ave Glasgow Convalescent Kome completel Middle Nettie (Typa or print) Vee DEATH July 24,1961 Mace 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Pemale White March 19,1866 WIDOWED [ D-VORCED 10a, USUAL OCCUPATION (Give kind of work physician 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retirad) Retired Educator in Public schools Cambridge.R.P. U.S. 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Ξ altendin Villiam Maco Mannah Woolford ℸ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Addrass (Yes, no, or unkown) | (Ifyasgivawarordatasofsarvice) mova No Mrs. Nettie M. Craig, 28 Glasgow St., Cambridge, Md. 1B. CRUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ( ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Failure Wks. IMMEDIATE CAUSE (a) DUE TO General Arteriosclerosis Conditions, if any, which gava rise to immediate causa **DUE TO** (a), stating the underlying Senility PART II. OTHER 5 GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? NO X Prior 2Da ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCR BE HOW INJURY OCCURED, (Enter natura of in ury in Part I or Part I of Itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (Stata) 2Dc. TIME OF INJURY Month, Day, Yast (County) factory, streat, offica bldg., atc.) Not While at work at work ECTOR 1940 21. I certify that (I) (this hospital) attended the deceased from. 23/61 19 ATTENDING 22b. DATE SIGNED MED. D.RECTOR ADDRESS SYS.C AN'S FUNE Cambridge. 234 BURIAL, CREMATION, | 236. DATE THEREOF 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) 는 g July 26,1961 Old School Eaptist Church Yard Woolford's Md. 0 Buris THE BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arihan & traces Cambridge .Md. 15M 9/60 DATE

LAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. LTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss on) " Dorchester MARYLAND Wicomico b. CITY OR TOWN (if outside corporate limits, wi' a RURA). c. LENGTH OF STAY IN Th c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) "Cambridge 2 years 9 mod Salisbury (rural) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FAPM? Eastern Shore State Hospital YES NO 3. NAME OF DECEASED Middle 4 DATE Adela Hilghman Malone 161 (Type or print) July DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months female white April 19, 1883 DIVORCED | WIDOWED A 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland (Wico Co.) Housewife Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Which Geo. Hilghman Uhknown Elizabeth Brumbley 17. NFORMANTMr. Joseph H. Naltwe (Son) R. D. 2 Sal Records at Eastern Shore State Hospital, Bambr S ARMED FORCES? 16. SOCIAL SECURITY NO No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN GNSET AND DEATH PART I, DEATH WAS CAUSED BY: Cerebral Hemorrhage dayd IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED2 Weisper And Hold Court Fracture left wrist 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 181) Fell to floor 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) Not white factory, street, office bldg , etc.) Md. at work at work Hospital Cambridge Dor. 21. I certify that I taok charge of the remains described above, held an Autopsy [], Inspection K. Inquiry [7] and in my opinion death resulted from: Natural causes K., Accident ., Suicide ., Hamicide ., Undetermined manner DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fawn, or county) Siloam Cemetery Siloam. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE VS. ATOME SALISBURY, MARYLAND 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE Rea. Dist. No. ALTH DEPT. L FLACE OF DEATH 2. USUAL RESIDENCE (Where deceased tived of institution: Residence before admiss on) o. COUNTY Page Darchester files. Health, O STATE b COUNTY Derchester MARYLAND b. CITY OR TOWN I'll outside corporate fronts, write RUEAL C. LENGTH OF STAY IN 15 c CITY OR TOWN (If outs'de corporate limits, write RURAL and give nearest town) and give negrest town Federalsburg, Hd. rural d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESID NOE rural YES I NO NAME OF Middle First Lost 4. DATE Month Year DECEASED (Type or print) L Matthews DEATH July I2. 19 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IFUNDER TYPAR! IF UNDER 24 HES Months Hours 1 Dovs Min. white WIDOWED [ DIVORCED | June 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Marviane U.S.A. launary employee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages 2/ Bertha Wright 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address (Il yes, give war or dates of tervice) Faderalsburg. Alvin P. Mattl 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OCCLUSION CORONARY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (o), stoting the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year i 20f. (City or town) (County) (State) factory, street, office bldg , etc.) Hour e.m. Not while et work of work p. m. 21. 1 certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry [ and in my opinion death resulted from. Natural causes, Suicide . Homicide . Undetermined manner Accident . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [ SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 22d LOCATION (City, lown, or county) 22c NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION, 22b DATE THEREOF (Stote) REMOVAL (Specify) Federalsbur 0 ADDRESS RUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. ALSME Federalsburg 5M 2/57



I		MARY 700 € N	LAND ST	EXAMINER'	ENT OF HEALT	IE OF DEATI	<b>t, 18</b> 1 02070
R STATE		1379	Item 9	Film G292 8/	16761 mh		Reg. Dist. No. 1307
LTH DEPT.	1, PLACE OF D	<b>EATH</b>			11		nstitution Residence before admission)
Health.	a. COUNTY	Dorches	ster	MARYLAND	o. STATE Mary	land b. co	Dorchester
		OWN (1 outside corporate limits, v	veila RLRAL	c. LENGTH OF STAY IN 16	C CITY OR TOWN (IF	outs de corporate limits, s	write RURAL and give nearest town)
		al-Preston		Few Mos.	Rura	1-Preston	
	d. NAME OF	HOSPITAL OR INSTITUTION	l (If not in hospi	tal, give street address)	d STREET ADDRESS		e. IS RESIDEN ON A FARI
, Y							YES NO
	3. NAME OF DECEASED		First	Middle	Lost	4. DATE A	Aonth Day Year
31	(Type or pri	wi.	llie	M:	itchell, Jr.	DEATH JT	ily 28, 196°
	5. SEX	6. COLOR OR RAC	E 7 MARRIED	NEVER MARRIED   B	DATE OF BIRTH	9 AGE (In yes	
	Male	Negro	MIDOMED	DIVORCED	Unknown		Months Doys Hours M.n.
	10o. USUAL QO	CUPATION (Give kind of wo of working life, even if retire	rk dane 10b. Kil	ND OF BUSINESS OR INDUST		ar foreign country)	12. CITIZEN OF WHAT COUN
	Fa	rmhand	" Fa	arming	Florida	ı	USA
الرت	13. FATHER'S N	Tax	ayanma. a L		14. MOTHER'S MAIDEN N		a. A. L
		Unkno	wn			Unknown	
	15 WAS DECE	ASED EVER IN U S ARMED	FORCES? 16. S	OCIAL SECURITY NO. 17, 8	NFORMANT		dress
	No		- 42	5-66-3745	Lewis C. Sm	ith, East	New Market, Md.
	18 CAUSE	OF DEATH   Enter only one	couse per line fo	also Tr. C.	4	m frames.	INTERVAL BETWEEN ONSET AND DEATH
	PAR	T I. DEATH WAS CAUSED BY	Drow	ming			instan
	1	29 9' DUET					
1	Candition	ns, if ony, which)	(b)				
		to immediate cause ( og the underlying ( DUE )	0				
	couse los		(c)				MARANA TOWNSON PROPERTY PROPERTY AND ADMINISTRATION
	ZOG, EXTER PRIMARY CAUSE OF	T II, OTHER SIGNIFICANT CO	ONDITIONS CON	NTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	NAL DISEASE CONDITION	GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES 1 NO
	20a, EXTE	NAL CAUSE WAS	20b DESCRIBE	HOW INJURY OCCURRED (	inter noture of injury in Por	t i or Part II of item IB )	
	문 PRIMARY 및 CAUSE OF	NAL CAUSE WAS S or CONTRIBUTING () DEATH.	Was w	ading in cr	eek stepped	in deep v	vater and could
	3 20c TIME	OF INJURY Month, Doy,	Year 20d IN	HURY OCCURRED 1200 PLA	CE OF INJURY (Home, form	20f (City of own) ST	(County) (Stat
16° v	20c TIME 3 Haw	. 取票 7/27/61	While	Not while   fact	ary, street, affice bidg , etc.	1 ;	ton, Caroline, I
	-	rtify that I tack char					
	1 1	*	_		,		determined monner
	ориноп	death rejoiled from:	19010101 CC	Joses [], Accident	<u>n.</u> ], 30/c/de [_], '	Tomicide [	resessanted mountes [1]
·	ACTUAL	" Jun	22-	- 1	CHIEF MEDICAL EX	AMINER (7)	DATE SIGNED
	SIGNATU		1.00		M.D. CHIEF MEDICALES		
	EXAMINE		e Jr. 1	M.D.	DEPUTY MEDICAL	0 //	3/61
	NAME (I)	REMATION 226 DATE THE		22c NAME OF CEMETERY OR		22d LOCATION (C ty, to	7 T
11	REMOVAL	(Specify)		Waugh Ceme			e, Maryland
1	AVENUE WINDSHIPPER AND ADDRESS OF THE PARTY AN	Tal   0/3/1	201	ADDRESS			REGISTRAR'S SIGNATURE
	Mers	2X111/14	lasel		ABI	101	
		7.1	Z	Gambridge	MIG DYIESA		arthur S. Kranes



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



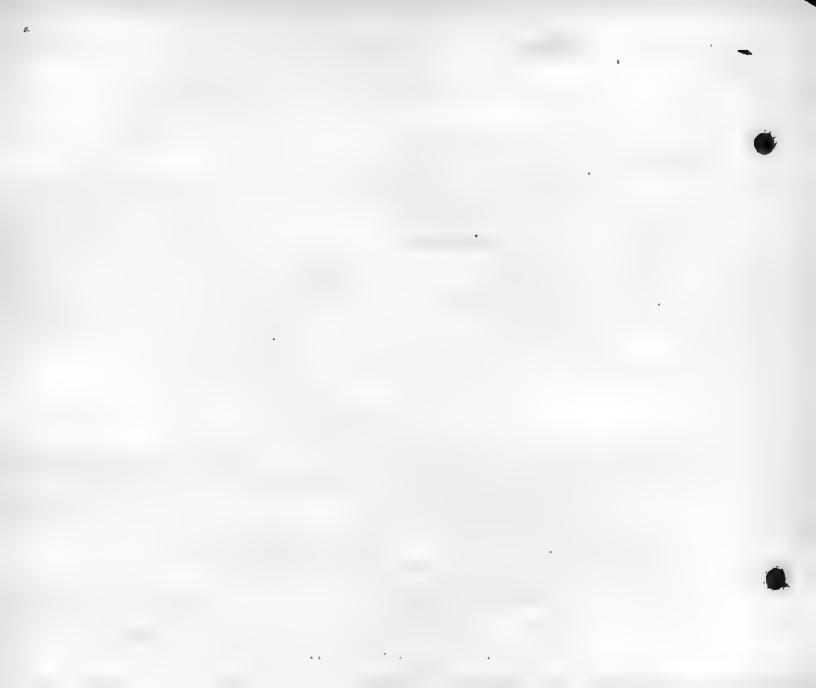
1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR ST	ATE		792 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH	DEPT.	1. [	PLACE OF DEATH  Dorchester  MARYLAND  2 USUAL RESIDENCE (Where deceased lived if Institution Residence before admission)  a. STATE Maryland  b. COUNTY Cecil
or. Page or. Files. or files.	The	١.	c CITY OR TOWN (If outside corporate I mits write RURAL and give nearest fown) ambridge  1/29/5/4  Chesapeake City
necesson directs or you and o	(M	<b>~</b>	NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address)  B. S. State Hospital  ON A FARM?
deloy is funero reto s St death			NAME OF First Modile Novilland OF Taxing Month Doy Year
If any 3 to the may be with the	1+	<b>5.</b> S	17 V <u>I</u>
r death. 2, and Page 5 1 and 2 in 72 ho		10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or fore gn country) using most of working life, even if relied) 'illing station Attend. Gasoline  U.S. A.
offices 1 Add. With		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Page Page	(I)		Clarence Nowland Helen Grace Kirk
hin 24 h Cive vith for it. File			WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Address Records E.S.S. Hosp. Cambridge, Md.
in Item, 18 ce along v ansit perm			IB CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ]  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pulmonary embolus  DUE TO  INTERVAL BETWEEN ONSE! AND DEATH 12 hrs.
in pencil in pencil iner's Offi a burial-tra	٧′		Conditions, if ony, which gave rise to immediate couse (a), staling the underlying couse tost.  Conditions, if ony, which (b) Third degree burns entire left leg.  30 days,
ing xam		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOTEL. WAS AUTOPSY
ficol pend pend mil E used		CAT	Chronic brain syndrome. Huntington chorea.
vard "i Media off be urial, c	0	CERTIFI	206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I of Hem 18) Clothing caught fire from cigarette.
NER: The right of the state of the boar to b	. ]	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f (City or town) (County) (Slate)  3 PM p. m 5-31- 1961 White at work of Hospital Cambridge Dor. Md.
Pag Pag			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X, Inquiry . and in my
Ced.			apinian death resulted from. Natural causes Accident Suicide, Hamicide, Undetermined manner
MORN WORK FECT			ACTUAL CHIEF MEDICAL EVANINED TO DATE SIGNED
AED OF THE PROPERTY OF THE PRO	٠		SIGNATURE AND, CHIEF MEDICAL EXAMINER []
d TY A			EXAMINER: John Mace Jr. M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
execute 4 should 5 FUNE or its d		220	BURIAL CREMATION   226 DATE THEREOF   226 NAME OF CEMETERY OR CREMATORY   22d LOCATION (City, fown, or county) (Stole)
VS ATSME		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE
5M 2, 57		1	30 ceper m. West levely of DATE 111 1 0 161 - color & thomas



DVI AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. FLACE OF DEATH 2 USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission a. COUNTY Wicomico Marvland Dorchester MARYLAND c. CITY OR TOWN (If outside corporate I'm ts, write RURAL and give nearest town) b. CITY OR TOWN (it outside corporete I mils, c. LENGTH OF STAY IN 16 write RURAL and give nearest town! Salisbury weeks Cambridge d. NAME OF HOSP, TAL OR INSTITUTION, if not in hosp ta, give street eddress) d. STREET ADDRESS IS RESIDENC ON A FARM? 807 N. Division Street YES NO TY Cambridge Maryland Hospital 3. NAME OF Middle 4. DATE Month DECEASED 61 Handy Parker James DEATH (Type or print) B. DATE OF BIRTH 9. AGE (In years FUNDER I YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR CE RACE TO MARRIED THE NEVER MARRIED 69 Male WIDOWED [ DIVORCED 12. CITIZEN OF WHAT COUNTRY? 1Da. USUAL OCCUPATION IG ve kind of work 106. K NO OF BUSINESS OR INDUSTRY County & State, or foreign country) done during most of working life, even prefired)
Employee Weisner Teal Eastate Parsonsburg, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Farlow Ebenezer H. Parker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (It yes give we rordeles of service) Mrs. James H. Parker, Salisbury, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSES AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e), gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(\*) 19. WAS AUTOPSY PERFORMED? Prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, (County) (Stele) 2Df. (Cily or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. While Not While el work at work 19 21. I certify that (1) (this hospital) attended the deceased from ...... to. , and that death occured at 1 1 from the causes and on the date stated above. saw the pleceased alive on.. 22b. DATE DIRECTOR M.D. ADDRESS (Stele) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Parsonsburg. Cemetery Parsonsburg OH 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) J.J. Framptom and Son, Federalsburg, **'61** Cirthur & Kraus



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH, 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission! a. COUNTY D. STATE b. COUNTY MARYLAND Brokes ea orchos hours after death. funeral CITY OR TOWN (If autside carporale limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) å RURAL and give nearest town) shauld 541040 pr190 NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES ANO hore 4. 1. 17 NAME OF First Middle 4. DATE Lost Manth Day Year filled ges 3 DECEASED death. (Type or print) Laura DEATH 196 S. SEX 6. COLOR OR RACE 9. AGE (In years UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthday) Manths Days Haurs offe WIDOWED IV DIVORCED [ comple papers 10a USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and HOUSEWIFF HOUSEWIFE pan 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician COL .⊆ certificate UNKNOWN UNKNOWN 17, INFORMANT 1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address attending NONE death INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 70 PART I. DEATH WAS CAUSED BY NK that the IMMEDIATE CAUSE (a) DUE TO á permit. Candilians, if any, which Bued gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 120f. (City or town) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Nat while at wark p. m. at wark U - 4 15 , 1961, that (1) (Well last 21 I certify that (I) (this haspital) attended the deceased from Tub 1961. and that death accorred and Mr. from the causes and an the date stated above. saw the deceased alive an RECTOR: 22a 5 GNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR å å M.D. PHYS Board 0 22¢ PHYSICIAN'S 22d ADDRESS NAME (Type) FUNERA 0 page 3 sh the State 23b DATE THEREOF 23a BUR AL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lawn, ar county) (Stote) MEMORIAL PARK CAMBRIDGE 25b. REGISTRAR **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REG STRAR LE COMPTE FUNERAL SERVICE, CAMBRIDGE, MARYLAND. arthur & Kings VR A15 (4) 1SM 9/59



		MARYLA	IND STA	ATE DEPART	MENT OF H	IEALTH	-BALTIN	AORE, 1	B		
	7931 CERTIFICATE OF DEATH								Reg. Dis	it. No.	67922
	COUNTY DORCHE	ESTER. CO.	•	MARYLAN	o. STATE	DENCE (Who	ere deceased live	b. COUNTY_	or Residence		
1	b. CITY OR TOWN (	If outside corporate limits, earest town)		ENGTH OF STAY IN 1	b c. CITY OR	TOWN (If or	utside corporate l	imits, write RU			
	MBRIDGE,  NAME OF HOSPI  OR INSTITUTION	MARYLAND.  [AL (If not in hospital, give		O YEARS	d STREET A	BRIDGE ADDRESS	, MARYI.	IND	7.7	0.	IS RESIDENCE ON A FARM?
		MARYLAND HOS	SPITAL			BURN	AVE.				ES NO NO
3.	NAME OF DECEASED (Type or print)	First CH.	ARLES	Middle F.	REDMONI		4. DATE OF DEATH	Monti 7	,	Day 3	Yeor 19 <b>61</b>
5. 5				NEVER MARRIED	- 1-1-0		lo lo	st birthdoy)			UNDER 24 HRS.
100	MALE  USUAL OCCUPATE  during most of wor	WHITE V ON (Give kind of work do- king life, even if retired)	ne 10b. KIND			ACE (Stole o	78 or foreign country		12. CIT	ZEN OF	HAT COUNTRY
13	LAWYER		VETER	RANS ADMIN	ISTRATION		SS.		U	J.S.A	•
		cnown			, , , , , , , , , , , , , , , , , , ,			nown			
	WAS DECEASED EVE	R IN U. S. ARMED FORCE (If yes give war or dates of serv			MRS. HARRI	क्रिक क्र	DMOND CI	Addre ENBURN		CAM	י שאודפם
H	18. CAUSE OF DEA	ATH [Enter only one cous	e per line for		nama . can	LI RE	DMOND G	TOMBOUN	AVE	INTERV	BRIDGE,
	PART 1. DEATH WAS CAUSED BY MECLESTERS TOMBET AND DEATH										
	Conditions, if any, which) (b) Arter selection hephritis 4 mints										
	gove rise to i couse (o), stating lying couse last.		Co	walny	Hear	2~	racere			(	en on
CERTIFICATION	PART II. OT	HER SIGNIFICANT CONDI	TIONS CONTI	RIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMIN	NAL DISEASE CO	NDITION GIVE	N IN PART		WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER;	Ob. DESCRIBE	HOW INJURY OCCU	RRED (Enter nature a	f injury in P	ort I or Port II of	item 18 )			
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	lY Month, Day, Year 19	While	OCCURRED 20e Not while of work	PLACE OF INJURY ( factory, street, office	Home, form, e bldg , etc.	20f. (City or to	own)	(C	County)	(Stote)
	21. I certify that I attended the deceased fram. 4/24/64, 19										
	alive an	61-3-16-1	, 19	, and that de	oth accurred at		M, from th			ne date	stated above  DATE SIGNED
	ACTUAL SIGNATURE	(auren	Ma	myanov	M.D.	13	G Rac	(e st		-	15/6/
	PHYSICIAN'S L	-DWYGN(	e M	laryan	ov (	2 m	brida	e N	d		
220	BURIAL CREMATIC REMOVAL (Specify BURTAT				OR CREMATORY	עפי	72d LOCATION		_ ′′		(Stofe)
23.	FUNERAL DIRECTOR	1,7,-,-		HRIST CHU	RCH COMPAN		CAMBRI BY REGISTRAR	24b. REGIS		GNATURE	
1	E COMPTE	FUNERAL SERV	VICE, C	CAMBRIDGE,	MD,.	DATE JU	L 7 '61	a.	Lun S.	traus	



death



VS A1S (4) 1SM 9/SS

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
	CERTIFICATE	OF DEATH	

L		7933		CEI	KIIFIC	JAI	E OF DE	AIH			Rog. Dist	No.	GV	924
1.	PLACE OF DEATH							ICE (Who	еге десеазе	d lived. If institution	on: Residence	before	odmiss	ion)
L	DORO	DORCHESTER, CO.					o. STATE B. COUNTY DORCHESTER CO					CO		
	b. CITY OR TOWN (I	f outside corporate limitarest town)	s, write	40 Yea	STAY IN THE	ь	c. CITY OR TOV	VN [If or	utside carpa	rote limits, write R	URAL and gi	ve near	est fown	1
L		MARYLAND			AS Se		CAMBRIDG		IARYLA	ND.	3			
èl-	d. NAME OF HOSPIT	AL (If not in hospital, g RSING HOME	ive street	address)	7	*	d. STREET ADD	RESS		1		•	IS RES	IDENCE FARM?
Ĭ <u>.</u>	<del></del>	HSING HOME					HIGH,	STR	TEEL	(				NO THE
3.	NAME OF DECEASED	Fire			tiddle		Lost		4. DATE OF DEATH	Man	th	Doy Year		Year
-	(Type or print)	FLORE				OBI			DEATH	7	lie unioca i	26		19 61
,	FEMALE	6 COLOR OR RACE	WIDOWI			_ [	ATE OF BIRTH	2.00		9. AGE (In years last birthday)	Months	Pays	Hours	Min,
10		N (Give kind of work of			ORCED		PRIL 21,			82 yrs.	112 (171)	ZENLOS	WALAT	COUNTRY
1	during groat of work	ing life, even if retired)		OUSEWIF		DUJIKI								COOMIKI
13	. FATHER'S NAME		1	TOODEWILL	<u> </u>	31.	4. MOTHER'S MA			MARYLAN	)	U.S	A.	
"	JOHN E.	HIIBBARD								TO A CETTER OF				
15	S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURIT	Y NO. 17	'. INFO		1 4 A D	ein r	RAZIER	7033			
ľ	NO unknown)	NO NO	Prace]	iO		LE C	OMPTE F	מיפוא 11	AT CE	DITCE DI	פת מר <i>ו</i> אה			
=	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (a), (b), an		-	70111111	O AVEST		HAV AVELO IN	ECORDS	INTER	VAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH    MMEDIATE CAUSE (a)   Coronary occlusion   5 Min.													
	Tale Due to													
									5	year	rs +			
	gave rise to immediate DUE TO													
	lying couse lost. (c) arteriosclerosis generalized										5	year	rs +	
Ş														
3	Intestina	al obstruct											YES 📋	NO Ø
CEPTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJU	JRY OCCUI	RRED. (E	nier nature af in	jury in P	art I or Par	t II of item 18 )				
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yes		NJURY OCCURRE			OF INJURY (Hon, street, office bl			or fown)	[Ce	ounty)		(State)
AFF	Hour o.m.	19	While of wor	k at work		Teclory			-					
	21. I certify that I attended the deceased from 2/26/61 19 to 7/26/61 19 that I last saw the deceased													
	alive on 7/25		_, 12_							n the causes a				
	-	nn. 11	. 9	11 1.9	100	7/			ADDRESS (S	treet, city ar town,	state)		DA	ATE SIGNED
	ACTUAL SIGNATURE	Kelled-g.	5/	Tell	05	Z-M.D.	1	5 Lo	cust	street			7_	/27/61
	PHYSICIAN'S NAME (Type) E10	ridge H. W	olff	M. D.	66			ambı	idge,	Marylan	d			
2	20. BURIAL, CREMATIO REMOVAL (Specify)	N, 225. DATE THEREO	F	22c. NAME OF	CEMETER	OR CE	EMATORY		22d. LOCA	TION (City, town, i	or county)		(Stat	e)
	BURTAT.	JULY 28	196	GREEN	LAWN	CEMI				RIDGE. M	A PYT.A N	m -		
23	I. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS					BY REGIST		STRATE STO			
	LE COMPTE I	UNERAL SER	VICE	CAMBRI	DGE	MD.	D/	ATEUL	3 1 '61	٠, ١,١	-1 d. 1V			



07926 **CERTIFICATE OF DEATH** 7934 Rea. Dist. Na 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH Sled o a. COUNTY a. STATEMARYLAND DORCHESTER. CO. **b.** COUNTY DORCHESTER. CO. MARYLAND erol b. CITY OR TOWN (If autside corporate limits, write E. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CAMBRIDGE MARYLAND HUDSON, MARYLAND. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE CAMBRIDGE MARYLAND HOSPITAL ON A FARM2 NONE YES NO NAME OF DECEASED **Eurst** Middle Lost 4. DATE Manth OF DEATH LESITE SEWARD (Type or print) 10 6. COLOR OR RACE 7. MARRIED THEYER MARRIED S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS (and birthdoy) Months Days Hours MALE WHITE WIDOWED [ DIVORCED [ popers. 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? BUATTON of Terling He, even if retired) BOAT BUILDER MARYLAND U.B.A. Puo o corbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician ROBERT F. SEWARD EDITH MARSHALL гетоме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. Or unknown) MRS. LESLIE SEWARD. HUDSON, MARYLAND. NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
- IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 7 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. [Enter nature of injury in Part I or Part II of Item 18] 20c, TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f (City or tawn) (County) (Stole) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work p. m. 21. I certify that I attended the deceased fram. that I last saw the deceased alive on death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or lown, state) ACTUAL Prior SIGNATURE NAME (Type) FUNER ന 22a. BURIAL CREMATION. 22b. DATE THEREO! 22c. FAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) SEWARDS BURTAT SEDDENS JAMESM MARYTAND 9 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR 7 6 VS A1S (4) COMPTE FUNERAL SERVICE, CAMBRIDGE, MARYLAND DATE . 2 8 '61 arthur S. Hims 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

		7935	CERTIFIC	ATE OF DEATI	H	07927
Ī	1. PLACE OF DEATH			A STATE	Where deceased lived If institution	: Residence before admission)
	Do	ROBSTER	MARYLAN		b. COUNTY	CAROLINE
	b CITY OR TOWN (IF o	uts de corporate limits, wi	rite c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (I	If outside corporate limits, write RUI	RAL and give nearest town)
	KURAL C	AMBRIDGE	- 7 YRS.		ALS BURG	
	OR INSTITUTION	(If not in haspital, give si	treet address)	d. STREET ADDRESS	16	e IS RESIDENCE ON A FARM?
ļ	EASTERN	SHORE ST.	ATF 1+05P.	201 ).	UNIVERSITY A	VE. YES NO
	3. NAME OF DECEASED (Type or print)	First SON	Lura Alverta D	SHERWOOD	4. DATE Month OF DEATH / UL	Day Year 1961
	5. SEX	i. COLOR OR RACE 7.	MARRIED 🔲 NEVER MARRIED [	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min
	F		DOWED DIVORCED	AUG.5, 18	69 91 yrs.	
	during most of working	(Give kind of work dane g life, even if retired) TWIFE	Home	DUSTRY 11. BIRTHPIACE (SIGNAL)	( 4.4 N.D	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME	76		14. MOTHER'S MAIDEN		
V	SAMUE	L DUVA	4	MARY	A. POPEREC	DOME!
		N. U. S. ARMED FORCES?	10. 0001111 000011111 110	7. INFORMANT	Addres	35
4	No		NONE	RECORDS 1	EASTERN SHORE	STRIF HOSP
		•	per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
ı	PART 1 DEATH	WAS CAUSED BY MMEDIATE CAUSE (0)	GANGRENE	LEFT LE	<i></i>	4 DAYS
1	7 1	, DUE TO				
1	Conditions, if any		ARTERIO S	CLEROSIS		12 YRS +
	couse (o), stoting the					
	lying cause last.	) (c)	TATA OF CONTROL TRICK TO DEATH	DUT NOT BELLTED TO THE TER	PARTIES AND PARTIE	AL IN I BART 1/- 1 20 14 AC ALITOREY
	PART II OTHER 20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	ESIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH	ROL NOL KETYJED TO THE LEK	RMINAL DISEASE CONDITION GIVE	PERFORMED? YES NO
		CAUSE OF DEATH	. DESCRIBE HOW INJURY OCCU	RRED, (Enter noture of injury i	in Port I ar Port II af item 18.)	
	Y 20c TIME OF INJURY Hour a.m.			PLACE OF INJURY (Hame, for factory, street, affice bldg.,	orm, 20f. (City or tawn)	(County) (State
	p. m.		Vhile Not while		1	
	21 I certify that	🕊 (this haspital) at	tended the deceased fra	m. AUG. 5	19.54 to JULY 1	6, 19.6.1. that (1) (de) las
	saw the decease	d alive an _ JUL	V_16_19.61, and the	at death accurred at 6	M, from the causes and	an the date stated above
	22a SIGNATURE	. /	/	ATTENDING	MED STAFF	22b.DATE SIGNET
	Grong	It has	fly .	M.D PHYS	DIRECTOR PHYS.	JULY 16 1961
1	22c. PHYSICIAN'S NAME (Type)	7 1	0 1	22d. ADDRESS		
		EORGE	H. LONGLE	7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- + - LAN BRIE	GE, MP.
	23a BURIAL, CREMATION, REMOVAL (Specify) Burial	July 19, 19	161 Hill Crest		Federalsburg	
	24 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS TO ADDRESS	Marriand 250. RE	EC'D BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
	J.J.Fram	rom and pon	, Federalsburg,	DATE.	11 1 9 '61 (	of & Flynna

Cuilwa & Hours

DATE 11 9 '61

VR A15 (4) 15M 9/59



	793 & CERTIFICA	AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH	07928
	1. PLACE OF DEATH O. COUNTY Dordhester	2. USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE b. COUNTY D. N. J. D. N. C.	sidence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  rural Cambridge  d NAME OF HOSPITAL (if not in haspital, give street address)  OR INSTITUTION  Eastern Shore State Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL  A. STREET ADDRESS	
	3. NAME OF DECEASED (Type or print) / CAN SON ALLEY	Sharks d. DATE of Month	Day Yeor
	5. SEX 6 COLOR OR RACE WIDOWED DIVORCED	10-7-95 Gost birthday) Mon	
	10a. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired)	Md.	VSA
1	John Sparks	14. MOTHER'S MAIDEN NAME  Mary Elizabeth Cole  MFORMANT  Address	
1	[Yat, no, or unknown] [If yes, give wor or doles of service] no none	Hospital records	INTERVAL BETWEEN
2	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under- lying couse lost.  (c)	Thrombosis	ONSET AND BEATH
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  Mental Deficiency, imbecile, with  20g. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO COURRE OR CONTRIBUTING TO CAUSE OF DEATH  If EITHER, NOTIFY MEDICAL EXAMINER;		N PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	4 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. Pl	LACE OF INJURY (Hame, farm, 20f. (City or town) octory, street, office bldg., etc.)	(County) (State
	21.1 certify that (I) (this haspital) attended the deceased fram.	M.D. ATTENDING MED MECTOR STAFF PHYS. 22d. ADDRESS  E.S.S.Hospital, Cambridge, M.	7-14-51 GNED
	230 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  FILE STATES  24 FUNERAL DIRECTOR'S SCHATUTE  ADDRESS  ALL  ALL  ALL  ALL  ALL  ALL  ALL	Kinch Fard Luccoranne Ce	- md

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No.

10

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

30 hrs

yr.

PERFORMED?

YES TO NO 🔀

(State)

Days

(County)

Md.

(State)

. IS RESIDENCE

ON A FARM? YES 🗍 NO 🔀

1061



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7938 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE-HEALTH DEPT. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Rasidence before admission) a. COUNTY Page b. COUNTY DORCHESTER. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) director. Board of h write RURAL and give nearest town) CAMBRIDGE, MARYLAND. CAMBRIDGE, MARYLAND. d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) deSTREET ADDRESS . IS RESIDENCE ON A FARM? State CAMBRIDGE MARYLAND HOSPITAL STREET YES NO TO 3. NAME OF Middle DATE Month DECEASED OF the (Type or print) DEATH JOHN FRANCIS TRICE 19 61 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED may 2 wit -E-3 lest bidhday) Months | Days Hours pue WIDOWED MALE DIVORCED s J and S TOR. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) CARPENTER U.S.A. CONSTRUCTION DENTON, MARYLAND. pages 13. FATHER'S NAME P.M.3. 14. MOTHER'S MAIDEN NAME WILLIAM TRICE Mary e. Jester 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17, INFORMANT Address (Yas, no, or unkown) | (Ifyesg'vewarordatesofservica) LE COMPTE FUNERAL SERVICE. RECORDS. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION 10 IMMEDIATE CAUSE (a) certificate should be Office burial noval, DUE TO if env. which (b) gove rise to immediate cause Examiner's DUE TO Se (a), stating the undarlying Page 3 should be used a to burial, cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 811 19, WAS AUTOPSY CERTIFICATION PERFORMED? the word NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20€. TIME OF INJURY (County) (State) fectory, street, office bidg., etc.) While Not While to the OR: Pa et work at work prior OR 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection A Inquiry and in my opinion forwarded I Ë death resulted from: Natural causes 🟋 Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER | DATE SIGNED should be for FUNERAL DEPUTY MEDICAL EXAMINER EXCHANGE OF THE PARTY. NAME (Type) John Mace Address (Streat, city, town, or county) NAME OF CEMETERY OR CREMATORY 224. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) 40 6 BURTAT. 23. FUNERAL DIRECTOR VS. AISME arthur I Know COMPTE FUNERAL SERVICE, CAMBRIDGE, MARYLAND. DATE SIL 28'61 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where decressed lived, if institution, Residence before edmission) e. COUNTY h COUNTY Dorchester 하는 사람 MARYLAND Dorchester 0 b. CITY OR TOWN (if outside corporate I mits. c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside comparete limits, write RURAL and give rearest town) write RURAL end give neerest lown) Cambridge 20 years Cambridge d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospitel, g ve street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO Glasgow Convalescent Mone efel 3. NAME O DECEASED (Type or print) DEATH Goslin Nellie Tubman July 11, 1961 AGE (IR YOUR IN UNDER I YEAR. 6. COLOR OR RACE 7. MARRIED NEVER MARRED B DATE OF BIRTH last birthdey) Months WIDOWED -DIVORCED Female November 6,1882 please rem 10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? B RTHPLACE County & State, or foreign country) done during most of working life, even if retired) Homemaker U.S. 13. FATHER'S NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgivewer or detes of service) Mrs.Milton E.Fitzhugh, 217 Menry St., Cambridge, Mc Hnknown the 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] INTERVAL BETWEEN 5days Terminal Broncho-pnumonia IMMEDIATE CAUSE 101 DUE TO Carcinoma of Cervix with metastasis (Untreated) 18 Mo. geve rise to Immediate cause **DUE TO** (e), steting the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL D. SEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY PERFORMED Arteriosclerosis, generalized 20e, ACCIDENT WAS UNDERLYING 1 20b, DESCRIBE HOW NULRY OCCURED, (Enter neture of in any in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: Affer ins (County) 20c. TIME OF INJURY Month, Day, Year 20d. NJJRY OCCJRRED 20e, PLACE OF INJJRY (Home, farm 20f. (City or town) (Stele) factory, street, office bldg., etc.) Not While While Hour e.m. - p.m work work 21. I certify that (I) (this hospital) attended the deceased from 10/27/69 ...., lo ... saw the deceased alive on 7/10/61 22e SIGNATURE /SIGNED ATTENDING PHY5. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 15 Locust st. Cambridge, Maryland Eldridge H. Wolff FUNE 236. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 5 8 July 13.1961 Dorchester Memorial Park Cambridge, Md. BY REGISTRAR | 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE

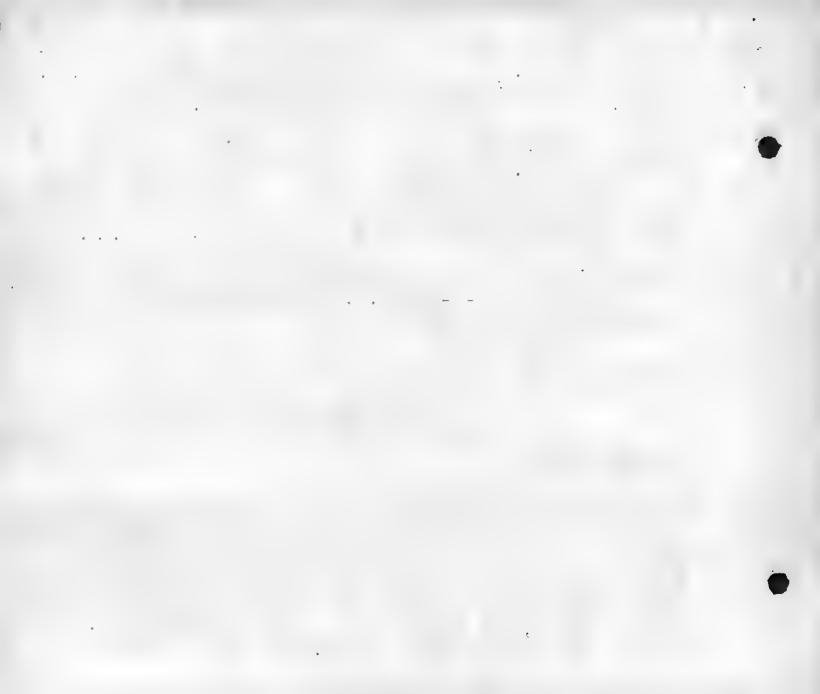
MARYLAND STATE DEPARTMENT OF HEALTH



DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

TO HOSPITAL OR ATTENDIN MSY DE refres d by the hosp MSY 10 FUNERA RECTOR: Afre MSY 10 FUNERA RECTOR: Afre MSY 10 FUNERA RECTOR: Afre



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_ 4	
FOR STA	TE
FUR SIA	VIE -
<b>HEALTH D</b>	COT
BEALID N	Cri.

PEDUTY MEDICAL EXAMINER: This certificate should be emcuted within 21 hours after Reath. If any delay is necessary, please event if purificate, writing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page should converded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained any your files. UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Standard of Health, and the delay of the delay. execute 15 4 shauld TO FUNERAL C 'n

VS A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 794 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. N. 7933

1.	PLACE OF DEATH					2. USUAL RESIDENCE (VA	/here deceas	ed ived If instit	ution: Resident	ce before	e odmission)
O. COUNTY DORCHESTER, CO. MARYLAND					o. STATE MARYLAND b. COUNTY DORCHESTER, CO.						
		outside corporate him to write RUR	AL C.	LENGTH OF STAY IN	116	E CITY OR TOWN (IF		parate limits, write	RURAL and g	ine uear	est town)
	CAMBRIDGE.	MD.		LO YEARS		S CAMBRIDG	E. MA	RYLAND.			
		L OR INSTITUTION (If no	I in hospital	, g've street oddress)		d STREET ADDRESS				e	IS RESIDINGE
_	W 80.07 Table 1	MARYLAND HOS	PITAL			408 SPRI	NGFIE	LD,_AVE.		٧	ON A FARM?
3.	NAME OF DECEASED	First		Middle		Lost	4 DATE OF	Man	th	Day	Year
	(Type or print)	CHARLES		BOUNDS	T	YLER	DEATH	JU	LY	1.9	19 61
5.	SEX	6 COLOR OR RACE 7.	MARRIED [	NEVER MARR ED	☐ B.	DATE OF BIRTH		9 AGE (In years lost b ribday)	IF UNDER 11	-	UNDER 24 HRS
N	IALE	WHITE W	DOWED [	DIVORCED T	X	APRIL 11, 18	392	69 yrs.	Months D	oys H	ours Min.
10	during most of working	N (Give kind of work done life, even if retired)	105. KIND	OF BUSINESS OR IN	DUSTR	Y IT BIRTHPLACE (Slote	or foreign c	ountry)	12 CITIZI	EN OF W	VHAT COUNTRY?
_	LABORER		OYSTE	R PACKING	CO.	MARYLAND.	È		Ī	J.S.	A.,
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
	SAMUEL W.	TYLER				MARY WILL	EY				
	. WAS DECEASED EVE	R IN U. S. ARMED FORCES		TAL SECURITY NO.	17. INI	FORMANT		Addres	)	j	MARYLAND
"	NO	NO		-12-1623	MIR	S LENA HART,	. 408	SPRINGFI	ELD AVI	E. C	AMBRIDGE
F		H Enter only one couse p	er line for (	a), (b), and (c) ]			· _ · ·		1	-	RETWEEN
	18. CAUSE OF DEATH [Enter only one couse per line for (c), (b), and (c) ]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) COPONSTY OCCUUSION  ONSET AND DEAT I.  30 Mins.										
	· / ·		O OT-OT	INT. A OCCI	us	1011				30	MIIID
	Canditum it as	OUE TO									
	Conditions, if an	iote couse									
	(o), stoting the u	nderlying DUE TO									
1,	couse lost.	J (c)	DL < CONT.	Maria In Cara and Anna	A						
٤	PARI II, O'II	ER SIGNIF CANT CONDITIE	JNS CONTI	IBUTING TO DEATH &	BUINE	OF KEENIED TO THE TERMIT	NALD SEAS	E CONDITION G	VEN IN PART 1	(a) 19. Y	PERFORMED?
Q										YES	NO
CERTIFICATION	200. EXTERNAL CAU PRIMARY () or CON CAUSE OF DEATH.	SE WAS ITRIBUTING (1)	ESCRIBE HC	W INJURY OCCURRE	D (En	fer nature of injury in Part	I or Part It	of item 18.)			
13	20c. TIME OF INJUR	Y Month, Day, Year	20d INJU	RY OCCURRED 20e		E OF INJURY (Home, form		or fown)	(Count	ly)	(Stote)
MEDICAL	Hour o m.	19	While of work F	Not while	factor	y, street, office bldg , etc.)					
	p.m. 19 of work at work 21. I certify that I took charge of the remains described above, held an Autopsy 1, Inspection 17, Inquiry 1, and in my										
	opinion death	resulted from: Nat	urol cou	ses 🛅. Accide	nt [	], Suicide [], F		. Undete	ermined me	onner	
	ACTUAL SIGNATURE	Tolon	21	1-5-		M.D CHIEF MEDICAL EX	AMINER 🗍			D.	ATE SIGNED
	EXAMINER'S				X	ASSISTANT MEDICA	AL EXAMINE				
L	NAME (Type)	Dr. John M	ace d	Jr. M.D.		DEPUTY MED CAL E	XAMINER E	9 7/2	1/61		
22	BURIAL, CREMATIO	1 226 DATE THEREOF	22c	NAME OF CEMETERY	Y OR C	REMATORY	22d. LOCA	NON (City, town,	er county)		(Stole)
	BURLAL (Specify)	7/22/1961	I	ORCHESTER	MEN	MORIAL PARK	CAME	RIDGE, M	ARYLAN	D.	
	FUNERAL DIRECTOR		.00	ADDRESS	2547		BY REGIST		STRAR'S SIGN	ATURE	
	LE COMPTE I	FUNERAL SERVI	CE, C	AMBRIDGE,	MAH	CYLAND. DATE	JUL 2	9 '61	Cirthun	8. Kra	MA



A.	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										
	L	7942 CERTIFICATE OF DEATH Reg. Dist. No. 07534										
	7.	PLACE OF DEATH  o. COUNTY  Derchester  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)  o. STATE  b. COUNTY  b. COUNTY										
IVI		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown)   C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown)   Cast Now Market										
X		d NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  ON A FARM YES NO										
	3.	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  NAME OF DEATH  None of Decease Death  Name of Decease Death  None of Deat										
		SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B DATE OF BIRTH 1 9 AGE I'M yeorn of UNDER 1 YEAR IF UNDER 24 H  Male VI WIDOWED DIVORCED   1/900 Months Doys Hours Mi										
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or logeign country)  Our Commend  Our C										
	13.	FATHER'S NAME  - 2 2 12 / Harret 1 / Intornette mittel										
_	13.	WAS DECEASED EVER IN U. S. ARMED FORCES? To. SOC. AL SECURITY NO 17 INFORMANT.  II. NO OF WINDOWNY (If yes, give wer or dates of service)  Address (Armed FORCES? To. SOC. AL SECURITY NO 17 INFORMANT)  Address (Armed FORCES? To. SOC. AL SECURITY NO 17 INFORMANT)										
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CACHENIA  3 LITT										
		Conditions, if only, which) (b) Carcinomatoris 6 Yea										
		gove rise to immediate couse (a), stating the under- lying couse lost.										
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED.  YES NO										
1	CERTIFI	20a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER; NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18)										
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m.  While Not while of work o										
		21. I certify that I attended the deceased from func 5, 1961, to fully 11, 1961, that I last saw the deceased alive an fully 11, 1961, and that death occurred at 1740 AM, from the causes and on the date stated at										
		ACTUAL SIGNATURE AGREED & GLOVE STORES (Street, city or town, store)  ACTUAL SIGNATURE AGREED & Maryland										
L		PHYSICIAN'S JASON F. G. VEE, M.D. Hurlock, Maryland										
	220	PERMOVAL (Specify) 13/6/ KLL RALL, KLAST WHEEL KELL LALL										
1	13	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS										
à	Referred States											



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmiss on) a. COUNT b. COUNTY THE WAY A TEN CITY OR TOWN limits, write RURAL and give negrast de corporat. d. STREET ADDRES ON A FARM? YES NO 3 NAME OF DECEASED OF (Type or print) DEATH OF RACE 7. MARRIED NEVER MARRIED 8. DATE In years I IF UNDER 1 YEAR ! IF UNDER 24 HRS. birtidey) Months WIDOWED | DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY 12. CONTEN OF WHAT COUNTRY? 15. WAS DECEASED EYET IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO THE INFORM (Yes, no, or unkown) (Wyesgivewerordatesofservica) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] STERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gava rise lo immediale cause **DUE TO** (a), stelling the undarlying cause last. PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8); 19, WAS AUTOPSY CERTIFICATION PERFORMED 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, office bldg., alc.) 0 Not While prior 21. Pcertify that I took charge of the remains described above, held an Autopsy Inspection X 20 Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner IRE( CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER EXAMMER'S Address (Street, city, town, or county) DEPI 40 酉 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 arthur & thous

AND STATE DEPARTMENT OF HEALTH



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institutions Regidence before admission) 1. PLACE OF DEATH a. COJNTY b. COUNTY MARYLAND Y OR TOWN (if outside comporata limits, c CITY OR TOWN ( f outside corporata limits, write/RURAL and g vomearest lown) Write RURAL IS RESIDENCE d STREET ADDRESS LTJT ON (if not in hosp ta ON A FARMI YES NO executed 3. NAME OF DATE Year Month Middle DECEASED OF DEATH (Type or print) AGE (In years DATE OF BIRTH IF JNDER 1 YEAR IF JNDER 24 HRS. NEVER MARRIED nt Birthday) and Months | Hours DIVORCED WIDOWED & 12 STIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (G ve kind of work done during most of working life, even if ratired) Lance FATHER'S NAME 16. SOCIAL SECURITY NO. (Mas, no, or unkown) , (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). 2 YRS PART I. DEATH WAS CAUSED BY: BLADDER ARCINOMA IMMEDIATE CAUSE (a) 1010 DUE TO Conditions, if any, which? (b) gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO I 2Db. DESCRISE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Itam 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING | CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (i) (this heaptal) attended the deceased from....? 22b. DATE 22a S GNATURE SIGNED ATTENDING PHYS. PHYS. DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S MARYANOV RACE ST CAMBRIDGE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) JURIAL, CREMATION, 236. PATE THEREOF REMOVAL (Spepfy) 0 256. REGISTRAR'S SIGNATURE FUNERALL REGEORIS SECNATURE BY REGISTRAR VR A15 (4) 15M 9/60 arthur 9 Hears

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be 1. It by the haspital or attending physician.

TO FUNERACE RECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 a.m. 2 should be filled with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

7946

07938

-										
3	PLACE OF DEATH O. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Federal sburg — Pural.							
	d. NAME OF HOSPITAL (If not in hospitol, give street or institution Cambridge Maryland Hos	spital	d. STREET ADDRESS Williamsburg Road  e. IS RESIDENCE ON A FARM? YES PO NO							
3	NAME OF DECEASED (Type or print) First Dorothy	Ani ta	Wright	4. DATE Month OF July	25 Poy Year 1961					
43	Famela White	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF SIRTH March 6, 189	9. AGE (In yeors IF U lost buthdoy) Mo	nths Doys Hours Min.					
1	Oa. USUAL OCCUPATION (Give kind of work done lod during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU Home	STRY 11. BIRTHPLACE (Stote or foreign country)  Caroline Co., Maryland  U.S.A.							
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN N							
1	Will Cooper Trice	1	Ida V. Alf							
	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   1 Yes. no. of unknown)   (If yes, give wor or dates of service)	0. 00 Civil SE COMMITTION	oland C. Wrigh	nt, Federalsburg	Md., R.F.D.					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse last.  (c)	Congestive Thyrotox	e Heart ic Hear	Failure t Disease	In your					
1	PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING   206. D  CR CONTRIBUTING   CAUSE OF BEATH	SCONTRIBUTING TO DEATH BUT ESCRIBE HOW INJURY OCCURRE	O. (Enter noture of injury in I		N PART 1(0 P19. WAS AUTOPSY PERFORMED? YES NO					
	G (IF EITHER, NOTIFY MEDICAL EXAMINER)	-								
	Hour o. m. Whi		ACE OF INJURY (Home, form clary, street, affice bldg., etc.	, 20f. (City or town)	(County) (State)					
	21. I certify that (I) (this haspital) attended the deceased from Oct 13. 1960, to fluly 25, 1961 that (I) (we) last saw the deceased alive an July 25 1961, and that death accurred at 8:05, from the causes and an the date stated above.									
	220. SIGNATURE AGENCY STAFF DIRECTOR STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.									
	22c. PHYSICIAN'S NAME (Type) ASON F	& YEE M	D 22d. ADDRESS	slock Ma	yland					
L	33. SURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) Burial July 29, 19	Hill Crest	emetery		aryland					
1	J. J. Framptom and Son, Fed	eralsburg, Mary	land 250. RECA	61	R'S SIGNATURE					

3425 resident of the second state of the second The state of the second at the total track the first defending to the state of the state of

CERTIFICATE OF DEATH 7947 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Dorchester by the and 2 death. Porchester Maryland MARYLAND b, CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) entire life Andrews .57 after Andrews Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rural YES NO Bural NAME OF First Middle Lest 4. DATE Month Dey paper n 72 сотре DECEASED OF (Type or print) DEATH July 28,1961 19 Charles Wroten James within carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Pue Hours DIVORCED WIDOWED March 1, 1872 Nale physician remove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Golden, Mill, Md. U.B. Ret. Farmer & Waterman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please .⊊ attending Villiam J. Wroten Mary Jane Insley Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO removal, (Yes, no, or unkown) | (If yes give we rordetes of service) g physician. signed by the Mrs. Wilson Wroten, Andrews, Md. None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: NEPHROSCLEROSIC UNDET attending physi-IMMEDIATE CAUSE (e) burial-transit DUE TO ARTERIOSCEROSIS UN DE gave rise to immediate cause DUE TO (e), stating the underlying After this certificate has hospital or PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY PERFORMED? NO . 200. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER è WEDICAL 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work DIRECTOR: 26 19.61, and that death occurred at 2:40, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Alfred R. Maryanov, M. D. Race Stl. Cambridge, Maryland death.

O FUN.

director,

be filled 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, lown or county) (State) REMOVAL July 30.1961 Vroten Family Cemetery Andrews, Md. Burla ADDRESS 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE NERAL DIRECTOR'S SIGN VR A15 (4) Lower Cambridge, Nd. AUG '61 15M 9/60 arthur & Harris

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

hours afte

within 24

executed

The law requires that the death certificate

ATTENDING

W 1 Topics laured attite 115e Commont. durand, Lare . . . - stilly, metted mining of the first the first TALKET SHELL THE CO. . That is the form of the country of A Digital Comment All ye had a reduced palette many the late of the late of the the world to selection appears.